

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011093

Entity Name: KERANT, LLC

FILED
Jan 10, 2009
Secretary of State

Current Principal Place of Business:

7639 HILSDALE RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

2785 WOODY PLACE
JACKSONVILLE, FL 32216

Current Mailing Address:

7639 HILSDALE RD
JACKSONVILLE, FL 32216

New Mailing Address:

2785 WOODY PLACE
JACKSONVILLE, FL 32216

FEI Number: 20-4223555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, RONALD
7639 HILSDALE RD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BROWN, RONALD
2785 WOODY PLACE
JACKSONVILLE, FL 32216 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, RONALD
Address: 7639 HILSDALE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: BROTHERS, MICHELE
Address: 7639 HILSDALE RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROWN, RONALD
Address: 2785 WOODY PLACE
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR (X) Change () Addition
Name: BROTHERS, MICHELE
Address: 2785 WOODY PLACE
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONALD BROWN

MGR

01/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date