

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000142491

**Entity Name:** ERNS, LLC

**Current Principal Place of Business:**

19410 MARDIS GRAS ST  
ORLANDO FL, FL 32833

**Current Mailing Address:**

PO BOX 781924  
ORLANDO FL, FL 32878 US

**FEI Number:** 89-9870816

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAPHAEL, ERONNE F  
19410 MARDIS GRAS ST  
ORLANDO, FL 32833 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RAPHAEL, ERONNE  
Address PO BOX 781924  
City-State-Zip: ORLANDO FL FL 32878

Title MGRM  
Name SETOUTE, NELIE  
Address 100 BENCHLEY PLACE APT 17  
City-State-Zip: BRONX NY 10475

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERONNE F. RAPHAEL

**MGRM**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date