

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000140348

**Entity Name:** AMANDA RAE KRAMPERT, LLC

**Current Principal Place of Business:**

476 SANTA CRUZ PL NE  
APT E  
SAINT PETERSBURG, FL 33703

**Current Mailing Address:**

476 SANTA CRUZ PL NE  
APT E  
SAINT PETERSBURG, FL 33703 US

**FEI Number:** 47-4885417

**Certificate of Status Desired:** No

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

KRAMPERT, AMANDA  
476 SANTA CRUZ PL NE  
APT E  
SAINT PETERSBURG, FL 33703 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 MGR  
Name KRAMPERT, AMANDA  
Address 476 SANTA CRUZ PL NE  
APT E  
City-State-Zip: SAINT PETERSBURG FL 33703

*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:** AMANDA KRAMPERT

**MGR**

**04/30/2018**

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

\_\_\_\_\_  
Date