

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M12000005209

**FILED**  
**Dec 01, 2014**  
**Secretary of State**

**Entity Name:** KRAMER TECHNOLOGIES LLC

**Current Principal Place of Business:**

500 S MAGNOLIA AVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

518 S MAGNOLIA AVE  
SUITE 300  
ORLANDO, FL 32801

**Current Mailing Address:**

500 S MAGNOLIA AVE  
ORLANDO, FL 32801

**New Mailing Address:**

518 S MAGNOLIA AVE  
SUITE 300  
ORLANDO, FL 32801

**FEI Number:** 90-0810001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:** JORDAN BROWN

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** BAZOS, FRANK  
**Address:** 518 S MAGNOLIA AVE, SUITE 300  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** MGR  
**Name:** LA LONDE, CHRISTOPHER  
**Address:** 518 S MAGNOLIA AVE, SUITE 300  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** CEO  
**Name:** SCHWEITZER, SHEILA  
**Address:** 518 S MAGNOLIA AVE, SUITE 300  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** CFO  
**Name:** PATRICK, CHUNN  
**Address:** 518 S MAGNOLIA AVE, SUITE 300  
**City-St-Zip:** ORLANDO, FL 32801

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** PATRICK CHUNN

CFO

12/01/2014

Electronic Signature of Authorized Person

Date