

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067021

**Entity Name:** KIRKELL ARMAMENT TECHNOLOGIES LLC

**Current Principal Place of Business:**

3081 SE SLATER STREET  
STUART, FL 34997

**FILED**  
**Jun 09, 2015**  
**Secretary of State**  
**CC4453385971**

**Current Mailing Address:**

2000 ISLAND BLVD.  
#2507  
AVENTURA, FL 33160 US

**FEI Number:** 46-5074617

**Certificate of Status Desired:** No

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

KIRKELL, IRA M  
2000 ISLAND BLVD.  
#2507  
AVENTURA, FL 33160 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	Title	MANAGER
Name	KIRKELL, MATTHEW B	Name	KIRKELL, IRA M
Address	3081 SE SLATER STREET	Address	3081 SE SLATER STREET
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997

*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:** IRA MICHAEL KIRKELL

**MANAGER**

**06/09/2015**

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

\_\_\_\_\_  
Date