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 M KIRKELL

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

# Name and Address of Current Registered Agent:

KIRKELL, IRA M #2507

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:	IRA M KIRKELL			04/04/2019
		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	

### 2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

#### DOCUMENT# L11000067021

Entity Name: KIRKELL ARMAMENT TECHNOLOGIES LLC

## **Current Principal Place of Business:**

3081 SE SLATER STREET STUART, FL 34997

## **Current Mailing Address:**

2000 ISLAND BLVD. #2507 AVENTURA, FL 33160 US

## FEI Number: 46-5074617

2000 ISLAND BLVD. AVENTURA, FL 33160 US Certificate of Status Desired: Yes

04/04/2019