

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000196915

**Entity Name:** KRB TECHNOLOGY LLC

**Current Principal Place of Business:**

4227 PRESERVATION CIRCLE  
MELBOURNE, FL 32934

**Current Mailing Address:**

P.O. BOX 386  
DUXBURY, FL 02331 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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 CORNWELL, GARY  
Address 4227 PRESERVATION CIRCLE  
City-State-Zip: MELBOURNE FL 32934

Title MGR  
Name GUILFOILE, THOMAS E  
Address 116 POWDER POINT AVE  
City-State-Zip: DUXBURY MA 02332

Title AMBR  
Name CORNWELL, GARY  
Address 4227 PRESERVATION CIRCLE  
City-State-Zip: MELBOURNE FL 32934

Title AMBR  
Name GUILFOILE, THOMAS E  
Address 116 POWDER POINT AVE  
City-State-Zip: DUXBURY MA 02332

*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:** THOMAS E GUILFOILE

AMBR

06/26/2018

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

\_\_\_\_\_  
Date