

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005867

**Entity Name:** KROMBACHER USA LLC

**Current Principal Place of Business:**

2982 SADIGO TERRACE  
NORTH PORT, FL 34286

**Current Mailing Address:**

2982 SADIGO TERRACE  
NORTH PORT, FL 34286 US

**FEI Number:** 27-3372718

**Certificate of Status Desired:** Yes

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

KLOEFKORN, GABRIELA  
2982 SADIGO TERRACE  
NORTH PORT, FL 34286 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            SECRETARY  
Name            KLOEFKORN, GABRIELA E  
Address        2982 SADIGO TERRACE  
City-State-Zip: NORTH PORT FL 34286

*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:** GABRIELA KLOEFKORN

OPERATIONS MANAGER    01/04/2024

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

\_\_\_\_\_ Date