

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061147

**Entity Name:** MARKALYST, LLC

**Current Principal Place of Business:**

4650 LINKS VILLAGE DR.  
UNIT A103  
PONCE INLET, FL 32127

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC7072404316**

**Current Mailing Address:**

4650 LINKS VILLAGE DR.  
UNIT A103  
PONCE INLET, FL 32127 US

**FEI Number:** 27-2811229

**Certificate of Status Desired:** No

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

KOBERG, MARYELLEN G  
150 SOUTH PALMETTO AVENUE  
SUITE 300  
DAYTONA BEACH, FL 32114 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 MGRM  
Name SMITH, STEVEN T  
Address 4650 LINKS VILLAGE DR.  
UNIT A103  
City-State-Zip: PONCE INLET FL 32127

*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:** STEVEN T SMITH

**MANAGING MEMBER**

**01/21/2016**

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

\_\_\_\_\_  
Date