

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000200795

**Entity Name:** KALLISTA PARTNERS, LLC

**Current Principal Place of Business:**

8595 COLLIER BLVD.  
SUITE 107-36  
NAPLES, FL 34114

**Current Mailing Address:**

8595 COLLIER BLVD.  
SUITE 107-36  
NAPLES, FL 34114

**FEI Number:** 82-2573936

**Certificate of Status Desired:** Yes

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

MCGANN, KEVIN J  
8595 COLLIER BLVD.  
SUITE 107-36  
NAPLES, FL 34114 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	AMBR	Title	AMBR
Name	MCGANN, KEVIN J SR	Name	JACKSON, PAMELA J MS
Address	6875 ASCOT DRIVE, 201	Address	6875 ASCOT DRIVE, 201
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113

*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:** KEVIN MCGANN

**PRESIDENT**

**08/28/2018**

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

\_\_\_\_\_  
Date