

M16000005639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

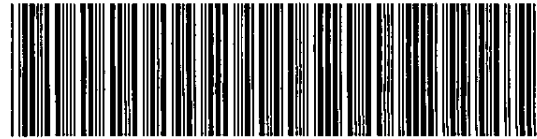
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 NOV 14 PM 12:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NOV 15 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2016

TERESA FANNIN  
2935 MINUTEMAN LANE  
BRANDON, FL 33511

SUBJECT: KISMET TRAVEL, L.L.C.  
Ref. Number: M16000005639

RECEIVED  
2016 NOV -9 AM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for KISMET TRAVEL, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 116A00023159

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KISMET TRAVEL, L.L.C.  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERESA FANNIN

Name of Person

TERESA FANNIN & ASSOCIATES

Firm/Company

2935 MINUTEMAN LANE

Address

BRANDON, FL 33511

City/State and Zip Code

tfannin@dreamvaluations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERESA FANNIN

Name of Person

at ( 813 ) 409-3122

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: KISMET TRAVEL, L.L.C.

Enter new principal office address, if applicable: N/A

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M 16 00000 5639

3. Jurisdiction of its organization: FLORIDA

4. Date authorized to do business in Florida: 7/14/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: N/A  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

ADDING MEMBER

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MEMBER</u>	<u>BRIAN C. Stephens</u>	<u>2935 MINUTEMAN LANE</u>	<input checked="" type="checkbox"/> Add
		<u>BRANDON, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Teresa Fannin

Signature of the authorized representative

TERESA FANNIN

Typed or printed name of signee

Filing Fee: \$25.00