

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096615

**Entity Name:** KISMET 9696, LLC

**Current Principal Place of Business:**

5447 HAINES RD  
SUITE 208  
ST. PETERSBURG, FL 33714

**Current Mailing Address:**

5447 HAINES RD  
SUITE 208  
ST. PETERSBURG, FL 33714 US

**FEI Number:** 27-1073349

**Certificate of Status Desired:** No

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

WHITACRE, DONALD D  
5447 HAINES RD  
SUITE 208  
ST. PETERSBURG, FL 33714 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 WHITACRE, DONALD D  
Address 5447 HAINES RD  
SUITE 208  
City-State-Zip: ST. PETERSBURG FL 33714

Title MGR  
Name WHITACRE, STEPHANIE S  
Address 5447 HAINES RD  
SUITE 208  
City-State-Zip: ST. PETERSBURG FL 33714

*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:** STEPHANIE WHITACRE

**MANAGER**

**04/23/2015**

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

\_\_\_\_\_  
Date