

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000013109

Entity Name: KINESIST, LLC

Current Principal Place of Business:

3839 CR 48
OKAHUMPKA, FL 34762

Current Mailing Address:

PO BOX 490697
LEESBURG, FL 34749 US

FEI Number: 46-1891373

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEWITT, HOWARD H
3839 CR 48
OKAHUMPKA, FL 34762 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: HOWARD H HEWITT

02/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name HEWITT, HOWARD H
Address 3839 CR 48
City-State-Zip: OKAHUMPKA FL 34762

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: HOWARD H HEWITT

MGR

02/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date