

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000520457

**Entity Name:** ANALYTICRESULTS LLC

**Current Principal Place of Business:**

4013 CALUSA LANE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

P.O. BOX 1331  
FLAGLER BEACH, FL 32136-1331 US

**FEI Number:** 37-1437389

**Certificate of Status Desired:** Yes

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

ALFONSI, MICHAEL J  
4013 CALUSA LANE  
ORMOND BEACH, FL 32174 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            OWRN  
Name            ALFONSI, MICHAEL J  
Address        P.O. BOX 1331  
City-State-Zip: FLAGLER BEACH FL 32136-1331

Title            AUTHORIZED REPRESENTATIVE  
Name            ADAM M. ALFONSI  
Address        P.O. BOX 1331  
City-State-Zip: FLAGLER BEACH FL 32136-1331

Title            OWRN  
Name            ALFONSI, LYNNE J  
Address        PO BOX 1331  
City-State-Zip: FLAGLER BEACH FL 32136-1331

Title            AUTHORIZED REPRESENTATIVE  
Name            ALEXANDER V. ALFONSI  
Address        PO BOX 1331  
City-State-Zip: FLAGLER BEACH FL 32136-1331

*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:** MICHAEL J ALFONSI

**MANAGING DIRECTOR**

**01/11/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date