

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000057749

Entity Name: SEQUOIA ANALYTICS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

40 AEGEAN AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

40 AEGEAN AVE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 26-0268085 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MEGARGEL, JAMES D
40 AEGEAN AVE
TAMPA, FL 33606 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: JAMES D MEGARGEL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEGARGEL, JAMES D
Address: 40 AEGEAN AVE
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM () Delete
Name: SISODIA, SANDEEP
Address: 504 CHAMPIONSHIP DR
City-St-Zip: HARLEYSVILLE, PA 19438 US

Title: MGRM () Delete
Name: ROBERTS, GREG
Address: FAIRWAY LOOP
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES D MEGARGEL

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date