

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000076857

Entity Name: PURE ANALYTICS LLC

FILED
Nov 18, 2009
Secretary of State

Current Principal Place of Business:

221 ORANGEWOOD AVE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

221 ORANGEWOOD AVE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

COHEN, BARBARA
221 ORANGEWOOD AVE
CLEARWATER, FL FL 33755 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: BARBARA COHEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PURE REASON LEGACY TRUST
Address: 221 ORANGEWOOD AVE
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM (X) Delete
Name: SHEEHAN LEGACY TRUST
Address: 23 BUTTERCUP LANE
City-St-Zip: SAN CARLOS, CA 94070

Title: MGRM () Delete
Name: WHITE DRAGON LEGACY TRUST
Address: 1563 LINCOLN AVE.
City-St-Zip: ALAMEDA, CA 94501

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: BARBARA COHEN

MGRM

11/18/2009

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