

LD9000064064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

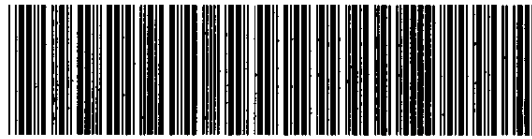
Special Instructions to Filing Officer:

L. SELLERS

JAN 27 2010

EXAMINER

Office Use Only



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01/13/10--01016--008 **25.00

FILED
10 JAN 26 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STATISTICAL ANALYTICS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OKI KIM

Name of Person

STATISTICAL ANALYTICS, LLC

Firm/Company

6389 TOULON DRIVE

Address

BOCA RATON, FL 33433

City/State and Zip Code

oki-kim@statistical-analytics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OKI KIM

Name of Person

at (561)

361-7482

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2010

OKI KIM
6389 TOULON DRIVE
BOCA RATON, FL 33433

SUBJECT: STATISTICAL ANALYTICS, LLC
Ref. Number: L09000064064

We have received your document for STATISTICAL ANALYTICS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 810A00001158

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: STATISTICAL ANALYTICS, LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

6389 TOULON DRIVE
BOCA RATON, FL 33433

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

6389 TOULON DRIVE
BOCA RATON, FL 33433

07/02/2009

L09000064064

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

OKI KIM

Registered Office Address:

23108 POST GARDENS WAY
SUITE 219
BOCA RATON FL 33433 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

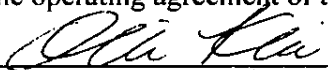
NEW Registered Agent: _____

NEW Registered Office Address: _____

(**MUST BE FLORIDA STREET ADDRESS**)

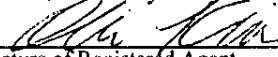
6389 TOULON DRIVE
BOCA RATON, FL 33433

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

OKI Kim
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
JAN 26 PM 2:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE