

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000004165

**FILED**  
**Dec 09, 2011**  
**Secretary of State**

**Entity Name:** ANALYTICAL PROCESS CONSULTING, LLC

**Current Principal Place of Business:**

18908 FISHERMANS BEND DR  
LUTZ, FL 33558 US

**New Principal Place of Business:**

**Current Mailing Address:**

18908 FISHERMANS BEND DR  
LUTZ, FL 33558 US

**New Mailing Address:**

**FEI Number:** 27-1657069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AST, ALEXIS  
18908 FISHERMANS BEND DR  
LUTZ, FL 33558 US

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

AST, RENEE  
18908 FISHERMANS BEND DR  
LUTZ, FL 33558 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: RENEE AST

12/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AST, RENEE  
Address: 18908 FISHERMANS BEND DR  
City-St-Zip: LUTZ, FL 33558 US

I hereby 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: RENEE AST

MGRM

12/09/2011

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