

L13000130135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

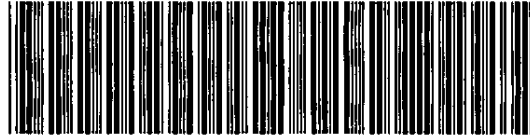
(Business Entity Name)

(Document Number)

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16 SEP -7 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Analitica Consulting Group 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:

Humberto Florez

Name of Person

Analitica Consulting Group LLC

Firm/Company

5013 NW 112th Way

Address

Coral Springs, FL 33076

City/State and Zip Code

hflorez@analiticaconsulting.com

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

For further information concerning this matter, please call:

Humberto Florez

Name of Person

at (954) 494-0138

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

August 25, 2016

HUMBERTO FLOREZ
5013 NW 112TH WAY
CORAL SPRINGS, FL 33076

SUBJECT: ANALITICA CONSULTING GROUP LLC
Ref. Number: L13000130135

2016 SEP -7 PM 5:09
TALLAHASSEE, FLORIDA

We have received your document for ANALITICA CONSULTING GROUP 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):

The registered agent must sign accepting the designation.

The entity's date of incorporation/organization must be listed in the document.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 316A00018086

2016 SEP -7 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Analitica Consulting Group LLC

2. (a) 5013 NW 11th Way (b) 5013 NW 112th Way

Principal office address of limited liability company:

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

Coral Springs, FL 33076

Mailing address of limited liability company:

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

Coral Springs, FL 33076

September 16, 2013

L13000130135

3. Date of filing/registration in Florida

4. Document number

5. (a) Legalinc Corporate Services Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

841 Prudential Drive

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Floor 12

Jacksonville, FL 32207, FL 32207

(b) Humberto Florez

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

5013 NW 112th Way

NEW Registered Office Address:

Coral Springs, FL 33076

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TALLAHASSEE, FLORIDA

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.

Humberto Florez
Signature of a member or authorized representative of a member

Humberto Florez

Printed or typed name of signer

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 605, 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:

Humberto Florez
Signature of Registered Agent