

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000140036

**Entity Name:** LUMINA ANALYTICS, LLC

**Current Principal Place of Business:**

501 E KENNEDY BLVD STE 801  
TAMPA, FL 33602

**Current Mailing Address:**

501 E KENNEDY BLVD STE 801  
TAMPA, FL 33602

**FEI Number:** 47-5387123

**Certificate of Status Desired:** No

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

LICKER, DOUGLAS  
501 E KENNEDY BLVD STE 801  
TAMPA, FL 33602 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MARTIN, ALLAN S  
Address        501 E KENNEDY BLVD STE 801  
City-State-Zip: TAMPA FL 33602

Title           MANAGER  
Name           MIDDELFART, MORTEN  
Address        501 E KENNEDY BLVD STE 801  
City-State-Zip: TAMPA FL 33602

Title           MANAGER  
Name           LICKER, DOUGLAS  
Address        501 E KENNEDY BLVD STE 801  
City-State-Zip: TAMPA FL 33602

Title           AUTHORIZED MEMBER  
Name           BAKER, JACQUELINE  
Address        501 E KENNEDY BLVD STE 801  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLAN MARTIN

**MGR**

**02/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date