M24000003064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BM 4/16/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BrightSun Florida LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M24000030664

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert B. Gill
Name of Person

BrightSun Florida, LLC
Name of Firm/Company

8225 C/R 558
Address

Center Hill Fl. 33514
City/State and Zip Code

expertelectricinc77@yahoo.com
E-mail address: (to be used for future annual report notification)

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2025 APR -9 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert Gill at (561) 479-9082
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for $85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Gill, Robert, hereby resigns as
Name of Registered Agent

Registered Agent for BrightSun Florida LLC.

Name of Limited Liability Company

M24000030664
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Robert B. Gill
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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2025 APR -9 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:
$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)