

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000071166

**FILED**  
**Jan 15, 2019**  
**Secretary of State**  
**0251696261CC**

**Entity Name:** BRIGHTWORK VENTURES LLC

**Current Principal Place of Business:**

8815 CONROY-WINDERMERE RD.  
SUITE 412  
ORLANDO, FL 32835

**Current Mailing Address:**

8815 CONROY-WINDERMERE RD.  
SUITE 412  
ORLANDO, FL 32835

**FEI Number:** 26-0549882

**Certificate of Status Desired:** No

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

DESAULNIERS, BRIAN  
8815 CONROY-WINDERMERE RD.  
SUITE 412  
ORLANDO, FL 32835 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 MGRM  
Name DESAULNIERS, BRIAN  
Address 8815 CONROY-WINDERMERE RD.,  
STE. 412  
City-State-Zip: ORLANDO FL 32835

Title MGRM  
Name DESAULNIERS, STEPHANIE A  
Address 8815 CONROY-WINDERMERE RD..  
STE. 412  
City-State-Zip: ORLANDO FL 32835

*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:** BRIAN DESAULNIERS

**MGRM**

**01/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date