

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028821

Entity Name: BLEACHBRIGHT CENTRAL FLORIDA LLC

Current Principal Place of Business:

425 CHESTNUT AVE.
ORANGE, FL 32763

Current Mailing Address:

425 CHESTNUT AVE.
ORANGE, FL 32763

FEI Number: 51-0672677

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GUSE, DONALD
425 CHESTNUT AVE.
ORANGE, FL 32763 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	MGR	Title	AUTHORIZED MEMBER
Name	GUSE, DONALD	Name	GUSE, ROBIN
Address	425 CHESTNUT AVE.	Address	425 CHESTNUT AVE.
City-State-Zip:	ORANGE FL 32763	City-State-Zip:	ORANGE FL 32763
Title	SECRETARY	Title	AUTHORIZED MEMBER
Name	GUSE, SUZETTE	Name	GUSE, AMBER
Address	425 CHESTNUT AVE.	Address	425 CHESTNUT AVE.
City-State-Zip:	ORANGE FL 32763	City-State-Zip:	ORANGE FL 32763
Title	CHAIRMAN	Title	COMPROLLER
Name	GUSE, CHRISTOPHER	Name	GUSE, NICHOLAS
Address	425 CHESTNUT AVE.	Address	425 CHESTNUT AVE.
City-State-Zip:	ORANGE FL 32763	City-State-Zip:	ORANGE FL 32763

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: DONALD GUSE

MANAGER

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date