

**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	COMPTROLLER
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