

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000101193

Entity Name: BRIGHT STRIPES LLC

Current Principal Place of Business:

1722 MAGDALENE MANOR DR
TAMPA, FL 33613

Current Mailing Address:

1722 MAGDALENE MANOR DR
TAMPA, FL 33613 US

FEI Number: 47-4248470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFFMAN, DAVID
1722 MAGDALENE MANOR DR
TAMPA, FL 33613 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 | AMGR | Title | AMGR |
| Name | HARDIN, BRUCE | Name | HOFFMAN, DAVID |
| Address | 8430 SANDY BEACH ST | Address | 1722 MAGDALENE MANOR DR |
| City-State-Zip: | TAMPA FL 33634 | City-State-Zip: | TAMPA FL 33613 |
| | | | |
| Title | AMGR | | |
| Name | STEEES, BRIAN | | |
| Address | 6634 83RD AVE N | | |
| City-State-Zip: | PINELLAS PARK FL 33781 | | |

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: DAVID HOFFMAN

AMGR

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date