

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000336007

**Entity Name:** BRITE GROUP LLC**Current Principal Place of Business:**1167 NW LEONARDO CIR  
PORT ST LUCIE, FL 34986**Current Mailing Address:**1741 NW VIVANCO ST  
PORT SAINT LUCIE, FL 34986 US**FEI Number:** 85-4163948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHWARTZ, JESSICA  
1167 NW LEONARDO CIR  
PORT ST LUCIE, FL 34986 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           | DIRECTOR               |
| Name            | SCHWARTZ, JESSICA      |
| Address         | 1167 NW LEONARDO CIR   |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

|                 |                        |
|-----------------|------------------------|
| Title           | CHAIRMAN               |
| Name            | SUNNY, PATEL           |
| Address         | 1167 NW LEONARDO CIR   |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

|                 |                        |
|-----------------|------------------------|
| Title           | CEO                    |
| Name            | SCHWARTZ, JOSEPH       |
| Address         | 1167 NW LEONARDO CIR   |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | SCHWARTZ, AMANDA       |
| Address         | 1167 NW LEONARDO CIR   |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

*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:** JESSICA SCHWARTZ

DIRECTOR

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date