

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000009774

**Entity Name:** BRILJENT, LLC

**Current Principal Place of Business:**

7615 W. JEFFERSON BLVD.  
FORT WAYNE, FL 46804

**FILED**  
**Mar 24, 2020**  
**Secretary of State**  
**7295812032CC**

**Current Mailing Address:**

7615 W. JEFFERSON BLVD.  
FORT WAYNE, IN 46804 US

**FEI Number: 35-2046588**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4TH ST N STE. 300  
ST. PETERSBURG, FL 33702 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  
Name ODUM, MATTHEW D  
Address 401 N. FRANKLIN ST. STE 3N  
City-State-Zip: CHICAGO IL 60654

Title MGR  
Name WINTERROSE, DOUG  
Address 401 N. FRANKLIN ST. STE 3N  
City-State-Zip: CHICAGO IL 60654

Title MGR  
Name BLAKE, NICK  
Address 401 N. FRANKLIN ST. STE 3N  
City-State-Zip: CHICAGO IL 60654

Title MGR  
Name BRODZELLER, TAMMY  
Address 7999 KNUE RD. STE 200  
City-State-Zip: INDIANAPOLIS IN 46250

Title MGR  
Name LORCH, SCOTT  
Address 7999 KNUE RD. STE 200  
City-State-Zip: INDIANAPOLIS IN 46250

Title CONTRACTS ACCOUNTING  
MANAGER  
Name GAST, KIM  
Address 7615 W. JEFFERSON BLVD.  
City-State-Zip: FORT WAYNE FL 46804

*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: KIM GAST**

**CONTRACTS  
ACCOUNTING MANAGER**

**03/24/2020**

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

\_\_\_\_\_  
Date