

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000008571

1. Entity Name  
BRIGHT TECHNOLOGIES, L.L.C.



Principal Place of Business  
25 GARRETT DRIVE  
HAVANA, FL 32333

Mailing Address  
25 GARRETT DRIVE  
HAVANA, FL 32333

BK

**FILED**  
07 JUL -9 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05212007No Chg-LLC

CR2E083 (11/05)

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4. FEI Number  
20-1120211

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KING, KIMBERLY L  
2121-G KILLARNEY WAY  
TALLAHASSEE, FL 32309

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

BK

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME APPLIED FIBER HOLDINGS, LLC  
STREET ADDRESS 25 GARRETT DRIVE  
CITY-ST-ZIP HAVANA, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

600105872226  
07/10/07--01042--022 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #