

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086247

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: BRIGHTLIGHT SOLUTIONS, LLC

**Current Principal Place of Business:**

201 SW 25TH AVE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

201 SW 25TH AVE.  
CAPE CORAL, FL 33991

**New Mailing Address:**

201 SW 25TH AVE.  
CAPE CORAL, FL 33991

FEI Number: 56-2531207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GOLUB, TARA  
201 SW 25TH AVE.  
CAPE CORAL, FL 33991 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOLUB, TARA  
Address: 201 SW 25TH AVE.  
City-St-Zip: CAPE CORAL, FL 33991

Title: MGR ( ) Delete  
Name: GOLUB, ANGUS  
Address: 201 SW 25TH AVE.  
City-St-Zip: CAPE CORAL, FL 33991

Title: MGR ( ) Delete  
Name: CONNELLY, ROWAN  
Address: 5380 FAIRFIELD WAY  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: TARA GOLUB

MGRM

04/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date