

LD5000101029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

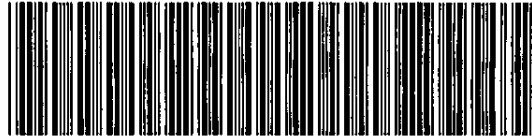
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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2015 NOV 10 P 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2015

JULIANA RUIZ
1100 NW 184TH PLACE
PEMBROKE PINES, FL 33029

SUBJECT: BRIGHT INFORMATION SYSTEMS, LLC
Ref. Number: L05000101029

We have received your document for BRIGHT INFORMATION SYSTEMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 815A00023441

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bright Information Systems
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Juliana Ruiz
(Contact Person)

Bright Information Systems
(Firm/Company)

1100 NW 184th place
(Address)

Dembroke pines 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

Juliana Ruiz at (305) 406-5044
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Bright Information Systems

2. The Florida document/registration number assigned to this limited liability company is:

LO5000101029

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/1/15

4. I, Mauricio Jimenez, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA

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