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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | ٤ |
|--|-----------------|---|----------------------|------------------|
| SUBJECT: BRIGHTWORK DESIGN LLC (Name of Limited | 1 Liability Cor | npany) | | |
| Dear Sir or Madam: | | | | |
| The enclosed Resignation of Member, Managing M | amber or M | annear and facts | ana submitted f | for filing |
| | | | are submitted t | or ming. |
| Please return all correspondence concerning this ma | itter to the fo | ollowing: | | |
| RICHARD L PATTERSON | | | | 78 _€ |
| (Name of Person) | | - · · · | | き と 日 日 |
| | | | | DEC 21 AM 9: 45 |
| BRIGHTWORK DESIGN LLC (Firm/Company) | | | | |
| (c.m. company) | | | | SE 55 |
| P O BOX 690267 | | | . • | \$H 5 |
| (Address) | | - -" | | |
| ORLANDO FL 32869-0267 | | | | |
| (City/State and Zip Code) | | _ | ₩* * ** | |
| For further information concerning this matter, plea | se call: | | | |
| RICHARD L PATTERSON ai | t <u>407</u> | 970-7833 | | <u>_</u> |
| (Name of Person) | (Area Code | e & Daytime Tele | ephone Number |) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | MAILING AD Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl | ection rporations | |
| Enclosed is a check for the following amount: | | | | |
| S25 Filing Fee | 7 5 | \$55 Filing Fee & Certified Cop | | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, RICHARD L PATTERSON | , hereby resign as MGMR | | | |
|--|------------------------------|-------------|--|--|
| | (Title) | | | |
| of BRIGHTWORK DESIGN LLC | | , | | |
| (Limited Liabi | llity Company) | | | |
| a limited liability company organized under the la | | 05 DEC 21 1 | | |
| (Signature of resigning manager, | , managing member or member) | H 9: 12 | | |

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314