20	08 LIMITED ANNU	LIABILITY COMPA		Jan 24, 2 Secreta	LED 2008 8:00 ry of Sta
DOCUN	/ENT # L05000	116806		01-24-2008 9	00069 007 ***138.7
1. Entity Name BRIGHTO	N RIDGE, LLC				
Principal Place		Mailing Address			Λ
250 AVE K SW WINTER HAVEN, FL 33880		250 AVE K SW WINTER HAVEN, FL 33880		60003570	
			Concernant of the second		
Ď		ITE IN THIS SPA	<b>\CE</b>	01112008 No Chg-LLC 4. FEI Number	CR2E083 (12/07)
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	6. Name and Address of C	urrant Devictors 4 Apant		5. Certificate of Status Desired	\$5.00 Addi Fee Required
BRINSON		עוויפחו ושקואנפושט אסטונ			
BRINSON, J. KEMP 255 MAGNOLIA AVE., S.W. WINTER HAVEN, FL 33880				DO NOT V	
, , , , , , , , , , , , , , , , , , ,				IN THIS S	PACE
		ment for the purpose of changing its regist	tered office or registe	red agent, or both, in the State of I	Florida. I am familiar with, a
the obligation	ons of registered agent.				
	Signature, typed or printed name of registe	red agent and title if applicable. (NOTE: Regist	tered Agent signature required	d when reinstating)	DATE
FiLE After May	NOW!!! FEE IS \$138.7 1, 2008 Fee will be \$5	5 38.75	tered Agent signature required	d when reinstalling)	DATE
FiLE After May	NOW!!! FEE IS \$138.7 1, 2008 Fee will be \$5	5	tered Agent signature required	d when reinstating)	DATE
9. TIFLE NAME	NOW!!! FEE IS \$138.7 1, 2008 Fee will be \$5 MANAGING	5 38.75	tered Agent signature required	d when reinstating)	DATE
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOWIII FEE IS \$138.7 1, 2008 Fee will be \$5 MANAGING MGR CASSIDY, PETER E	5 38.75 MEMBERS/MANAGERS	tered Agent signature required	d when reinstating)	DATE
9. Tiffle NAME STREET ADDRESS	NOWIII FEE IS \$138.7 1, 2008 Fee will be \$5 MANAGING MGR CASSIDY, PETER E 250 AVE K SW	5 38.75 MEMBERS/MANAGERS	tered Agent signature required	d when reinstating)	DATE
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