2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L07000085405

Entity Name: THE BRIGHTSIDE GROUP, LLC

Current Principal Place of Business:

2519 N. OCEAN BLVD.
513
BOCA RATON, FL 33431 US

New Principal Place of Business:

14769 ENCLAVE LAKES DRIVE
#C1
DELRAY BEACH, FL 33484 US

Current Mailing Address:

PO BOX 272594
BOCA RATON, FL 33427 US

New Mailing Address:

FEI Number: 94-3472672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENCIA, JAZMINE A
2519 N. OCEAN BLVD.
513
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

VALENCIA, JAZMINE A
14769 ENCLAVE LAKES DRIVE
#C1
DELRAY BEACH, FL 33484 US

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: JAZMINE VALENCIA 04/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VALENCIA, JAZMINE A
Address: PO BOX 272594
City-St-Zip: BOCA RATON, FL 33427

Title: MGR (X) Delete
Name: VALENCIA, JAZMINE A
Address: PO BOX 272594
City-St-Zip: BOCA RATON, FL 33427

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VALENCIA, JAZMINE A
Address: 14769 ENCLAVE LAKES DRIVE #C1
City-St-Zip: DELRAY BEACH, FL 33484

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: JAZMINE VALENCIA MGRM 04/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date