## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000057306

Name:

Address:

City-St-Zip:

HETZRONI, RAMI

2825 NORTH UNIVERSITY DRIVE, #210

CORAL SPRINGS, FL 33065 US

Entity Name: BRIGHT MANUFACTURING LLC

FILED Apr 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2825 NORTH UNIVERSITY DRIVE SUITE 210 CORAL SPRINGS, FL 33065 **Current Mailing Address: New Mailing Address:** 2825 NORTH UNIVERSITY DRIVE SUITE 210 CORAL SPRINGS, FL 33065 FEI Number: 41-2280156 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HETZRONI, GUIL 2825 NORTH UNIVERSITY DRIVE SUITE 210 CORAL SPRINGS, FL 33065 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HETZRONI, GUIL Name: Name: 2825 NORTH UNIVERSITY DRIVE, #210 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: HETZRONI, DANIEL Name: Address: 2825 NORTH UNIVERSITY DRIVE, #210 Address: City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition HETZRONI, GALITH Name: Name: 2825 NORTH UNIVERSITY DRIVE, #210 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 US City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HETZRONI, GUIL MGR 04/01/2009