

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099065

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** BRIGHTWAY INSURANCE OF PVB, LLC

**Current Principal Place of Business:**

1403 OCEANFRONT  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

250 A1A NORTH  
500  
PONTE VEDRA BCH, FL 32082

**Current Mailing Address:**

1403 OCEANFRONT  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

250 A1A NORTH  
500  
PONTE VEDRA BCH, FL 32082

**FEI Number:** 27-1038106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

HELPER, SCOTT J OWNER  
250 A1A NORTH  
500  
PONTE VEDRA BCH, FL 32082 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: SCOTT J. HELPER

04/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HELPER, SCOTT J  
Address: 1701 THE GREENS WAY UNIT 914  
City-St-Zip: JACKSONVILLE BCH, FL 32250

Title: MGRM  
Name: GRAHEK, BARRY J  
Address: 1403 OCEANFRONT DR  
City-St-Zip: ATLANTIC BCH, FL 32266

I hereby 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: SCOTT J. HELPER

MGRM

04/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date