

L1,00000030184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700251443077

09/18/13--01011--014 **55.00

FILED
2013 SEP 19 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 20 2013
T CLINE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Bright Choice Agents, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Harrison

Name of Person

Bright Choice Agents, LLC

Firm/Company

15813 Hampton Village Drive

Address

Tampa, FL 33618

City/State and Zip Code

greg-harrison@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Harrison

Name of Person

813 205-3600

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 19 PM 12:40

FILED

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

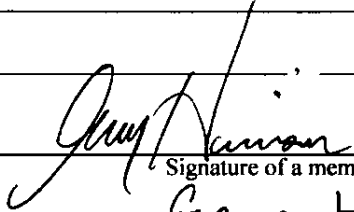
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

RECEIVED
 SECRETARY OF STATE
 JUL 19 PM 12:10
 INLAND SECT 60157

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

9-13-13

Greg Harrison

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 SEP 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA