116000070138

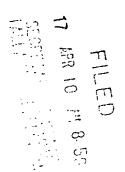
(F	Requestor's Name)				
<u> </u>	Address)				
(A	Address)				
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



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D SCOTT APR 1 3 2017



March 14, 2017

GEORGE POGOSOV 805 ANDOVER COURT PROSPECT HEIGHTS, IL 60070

SUBJECT: BRIGHTWITTY LLC Ref. Number: L16000070138

We have received your document for BRIGHTWITTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

17 IR 10 III 8

Letter Number: 317A00004854

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Tleam limited line of L	adiffy Company imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
GEORGE POGOSOV Name of Person	- 		
Firm/Company			
805 ANDOVER COUR	<u></u>		
PROSPECT HEIGHTS 11 City/State and Zip Code	_ <u>6007</u> 0		
E-mail address: (to be used for future annual rep	Ont notification)		
For further information concerning this matter, please	call:		
GEORGE POGOSOV at (224) 6782859 Parea Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amou	nt:		
\$25 Filing Fee			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	timit	ed lia	oility Como	inu
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		805	AW DOVER CO	Liability company:
	PROSPECT HEIGHTS	_	PROSP	PECT HEIGH	
	L 60070	_		L 6007 J	
	04/08/16		116	0000701	10
3.	Date of filing/registration in Florida	4.		Document number	7 0
5. (a)	PMYTRO AFANASYEV Registered Agent and Registered Office shown on the records of the NE 167 th ST 2020 Registered Office Address (MUST BE FLORIDA STREET ADDRESS ADDR		Dept. of State	:	
	NORTH MIAMI BEACH				
	.FL	33 1	 ቴ <u>ጉ</u>		
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:		THE THE
	406 SF 3-d PL NEW Registered Office Address:				0 11
	DANIA BEACH FL	330	04_		: 13
Signat I herek provisit the oblit to mere notified	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the lawing of all statutes relative to the proper and complete particular of my position as registered agent as provided in the registered office address. The law writing of this change.	he regist pility con the limited limit	ered office mpany, it is ted liability com SEOR 6	and the business offs hereby confirmed the company or as other apany. The printed or typed name of the confirmed or typed name or typed nam	fice of the registered hat the change(s) erwise provided in SSOU If signee to comply with the differ with and accent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00