

48000129747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

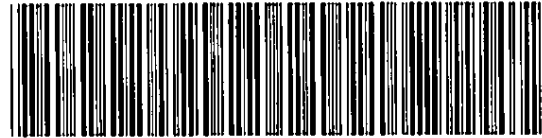
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



600315030676

07/11/18--01025--018 \*\*80.00

06/26/18--01007--009 \*\*25.00

18 JUL 11 AM 12:49

J. J. EGGETT  
JUL 11 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bright Light Productions  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000129747

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin Ghambaryan

Name of Person

Name of Firm/Company

500 N Congress Ave, E 204

Address

Delray Beach, FL, 33445

City/State and Zip Code

martinghambar@gmail.com

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

For further information concerning this matter, please call:

Martin Ghambaryan at (561) 886-8368

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

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

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Martin Ghambaryan**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **Bright Light Productions LLC**

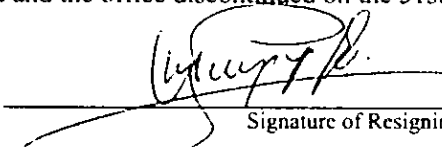
\_\_\_\_\_  
Name of Limited Liability Company

**L18000129747**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

18 JUL 11 AM 12:49

Here is the letter that I have received from EFPTS.

I have nothing to do with this company, and I think someone is using my info to open and operate this LLC.

I no longer live in that address. My new address is

500 N Congress Ave, E204

Delray Beach, FL, 33445

Please, contact me if you should have any questions

(561) 886 8368