

L19000283307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

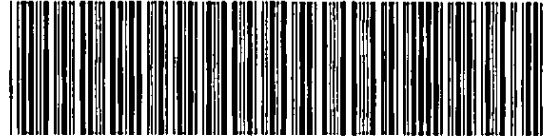
(Business Entity Name)

(Document Number)

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05/31/22--01/23/23 \$95.00

2022 MAY 31 PM 12:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bight LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Thomas
Name of Person

Bight LLC
Firm/Company

54 Seaside Ave
Address

Delray Beach FL 33483
City/State and Zip Code

John.Thomas46@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John at (630) 215-8734
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

John Thomas, hereby resigns as
Name of Registered Agent

Registered Agent for Bight, LLC
Name of Limited Liability Company

L19000283307
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]
Signature of Resigning Agent

If signing on behalf of an entity:

John Thomas
Typed or Printed Name
Bight, LLC
Capacity

2022 MAR 31 PM 12:18

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withdrawn limited liability company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