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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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	Address:			
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## LLC REGISTERED AGENT RESIGNATION **BRIGHT ASSOCIATES, LLC**

Certificate of Status	0	
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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011:	o, Florida Statutes, the unders	agned,		
Northwest Regis	tered Agent LLC		, hereby resigns as		
	Name of Registered Ager	ıl	, 0		
Registered Agent for	BRIGHT ASSO				
	Name of Lim	ited Liability Company			•
M2000001168	34				
Document	Number, if known				
A copy of this resigna	tion was mailed to the a	bove listed limited liability of	ompany at its last known a	ddress.	
The agency is termina	ted and the office discor	ntinued on the 31st day after	the date on which this state	ement is	filed.
	<i>———</i>	Signature of Resigning Agent			
If signing on behalf of	fan entity:				
		Taylor Newman			
	T	yped or Printed Name		202	
	As	ssistant Secretary Capacity	<del></del> .	2024 APR 26	:: :-:>:-;
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany I/ voluntarily dissolved/ y company	PH 2: 14	•

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