

M96000000315

(Requestor's Name)

(Address)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 24 PM 12:09

JUL 25 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

The Silvio Brighenti Family 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:

Jeffrey P Brighenti
Name of Person

The Silvio Brighenti Family LLC
Firm/Company

124 Simsbury Rd, 1-A
Address

Avon, CT 06001
City/State and Zip Code

trina@riverdalefarmsshoping.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRINA MAURICE
Name of Person

at (860) 677-6437
Area 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 amount:

☒ \$25 Filing Fee *already filed*

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 JUL 24 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 2, 2013

JEFFREY P GRIGHENTI
THE SILVIO BRIGHENTI FAMILY
124 SIMSBUERY RD - 1-A
AVON, CT 06001

SUBJECT: THE SILVIO BRIGHENTI FAMILY LLC
Ref. Number: M96000000315

We have received your document for THE SILVIO BRIGHENTI FAMILY 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00016420

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: The Silvio Brighenti Family LLC

2. (a) Principal office address of limited liability company: 219 Fox Glen Dr.
(Note: **MUST BE STREET ADDRESS**) Apt 1109
Naples, FL 34104

(b) Mailing address of limited liability company: 124 Simsbury Rd, HA
(Note: **MAY BE POST OFFICE BOX**) Awn, CT 06001

8/23/96
3. Date of filing/registration in Florida

M96000000315
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Corporation Service Company
Registered Office Address: 1201 Hays St.
Tallahassee, FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Jeffrey P. Brighenti
NEW Registered Office Address: 219 Fox Glen Dr.
(**MUST BE FLORIDA STREET ADDRESS**) Apt 1109
Naples, FL 34104

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jeffrey P. Brighenti
Signature of a member or authorized representative of a member

Jeffrey P. Brighenti
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jeffrey P. Brighenti
Signature of Registered Agent

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