

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000132433

**Entity Name:** ILEAD BRILLIANTLY LLC

**Current Principal Place of Business:**

221 NORTH HOGAN STREET  
#402  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

221 NORTH HOGAN STREET  
#402  
JACKSONVILLE, FL 32202 US

**FEI Number:** 61-1768633

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            SULLIVAN, ALISHA R  
Address        221 NORTH HOGAN STREET #402  
City-State-Zip: JACKSONVILLE FL 32202

Title            MGR  
Name            ROSS, LAIDLER, HAYNES TRUST  
Address        221 NORTH HOGAN STREET #402  
City-State-Zip: JACKSONVILLE FL 32202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALISHA R SULLIVAN

AMBR

04/05/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date