2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044616

1. Entity Name
BESSETTE ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
951 SW 4TH AVE BOCA RATON, FL 33432	951 SW 4TH AVE BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

03152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0417228
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKESBERG, WILLIAM J CPA
951 SW 4TH AVENUE
BOCA RATON, FL 33432-5803

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BESSETTE, BETTY ANN
STREET ADDRESS	1350 SILVER CREEK DRIVE
CITY-ST-ZIP	LYNCHBURG, VA 24503
TITLE	MGRM
NAME	BESSETTE, TIMOTHY W
STREET ADDRESS	1350 SILVER CREEK DRIVE
CITY-ST-ZIP	LYNCHBURG, VA 24503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80066-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Betty Ann Bessette 3/30/07 414-384-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — BETTY ANN BESSETTE — MGR — Date — Daytime Phone #