

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000006416

**Entity Name:** CABOT ASSOCIATES, LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

367 INTERSTATE BLVD  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

1029 DELACROIX CIRCLE  
NOKOMIS, FL 34275 US

**Current Mailing Address:**

P.O. BOX 1460  
NOKOMIS, FL 34274 US

**New Mailing Address:**

**FEI Number:** 02-0568468      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LAUDENSLAGER, JOHN P  
1029 DELACROIX CIRCLE  
NOKOMIS, FL 34275 US

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

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: JOHN P LAUDENSLAGER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NIVEN, WILLIAM D  
**Address:** 367 INTERSTATE BLVD  
**City-St-Zip:** SARASOTA, FL 34240

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM D NIVEN

MM

04/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date