

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006416

Entity Name: CABOT ASSOCIATES, LLC

FILED  
Apr 30, 2011  
Secretary of State

**Current Principal Place of Business:**

1029 DELACROIX CIRCLE  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**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 ( )

**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: \_\_\_\_\_

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

MGRM

04/30/2011

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