

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90422 015 ****50.00

DOCUMENT # L03000044616

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



Principal Place of Business
7399 SOUTHAMPTON TERRACE
BOYNTON BEACH, FL 33436-8501

Mailing Address
951 SW 4TH AVE
BOCA RATON, FL 33432

20010762



2. Principal Place of Business
951 SW 4TH AVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02142006 Chg-LLC CR2E083 (11/05)

City & State
BOCA RATON FL

City & State

4. FEI Number
20-0417228

Applied For
Not Applicable

Zip
33432

Country
USA

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BESSETTE, BETTY ANN
STREET ADDRESS 7399 SOUTHAMPTON TERRACE
CITY-ST-ZIP BOYNTON BEACH, FL 334368501

TITLE MGRM ☐ Delete
NAME BESSETTE, TIMOTHY W
STREET ADDRESS 7399 SOUTHAMPTON TERRACE
CITY-ST-ZIP BOYNTON BEACH, FL 334368501

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1350 SILVER CREEK DRIVE**
CITY-ST-ZIP **LYNCHBURG, VA 24503**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1350 SILVER CREEK DRIVE**
CITY-ST-ZIP **LYNCHBURG, VA 24503**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Besette
BETTY ANN BESSETTE

2/24/06
Date

561-750-8300

Daytime Phone #

MGR