

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000044907

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** THE LAW OFFICE OF NICOLE M. BESSETTE, P.L.

**Current Principal Place of Business:**

151 ISLE VERDE WAY  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

4590 PGA BLVD.  
204  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

151 ISLE VERDE WAY  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

4590 PGA BLVD.  
204  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 45-4944698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BESSETTE, NICOLE M  
151 ISLE VERDE WAY  
PALM BEACH GARDENS, FL 33418 US

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

BESSETTE, NICOLE M  
4590 PGA BLVD.  
204  
PALM BEACH GARDENS, FL 33418 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: NICOLE BESSETTE

10/08/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BESSETTE, NICOLE M  
Address: 817 FLORET DR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: NICOLE BESSETTE

MGRM

10/08/2013

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