2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# L03000051648

Entity Name: COTTON'S AIR CONDITIONING, LLC

Current Principal Place of Business:

5888 SAUFLEY PINES ROAD
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

5888 SAUFLEY PINES ROAD
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 20-0467087 **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:

SABA, DANIEL P
6460 JUSTICE AVENUE
MILTON, FL 32571 US

Name and Address of New Registered Agent:

MORRISON, JAMES C
3895 WINONA DR
PENSACOLA, FL 32504 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: JAMES C MORRISON 09/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: ANDERSON, DON
Address: 5895 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: MGR ( ) Delete
Name: COTTON, JAMES A
Address: 5888 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: COTTON, JAMES A
Address: 5888 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES A COTTON MGRM 09/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date