

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005740

FILED
Mar 12, 2009
Secretary of State

Entity Name: COTTON STRIP DEVELOPMENT, L.L.C.

Current Principal Place of Business:

6118 S.R. 80 WEST
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

6118 S.R. 80 WEST
LABELLE, FL 33935

New Mailing Address:

FEI Number: 65-0956394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHULTS, MICHAEL L
6118 SR 80 WEST
LABELLE, FL 33935 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 () Delete
Name: SHULTS, MICHAEL
Address: 6118 S.R. 80 WEST
City-St-Zip: LABELLE, FL 33935

Title: MGRM () Delete
Name: ELAM-SHULTS, BETHENY
Address: 6118 S.R. 80 WEST
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BETHENY ELAM-SHULTS

MGRM

03/12/2009

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