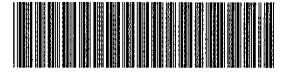
## FOX00000 6113

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## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: U.S. Cotton Growers Asso	ociation Corporation
(Name of Cor	poration)
DOCUMENT NUMBER: F02000006113	
The enclosed withdrawal application and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to the following:	
Ms. Carol L. Salaiz	
(Name of Per	son)
ECOM Atlantic, Inc.	
(Firm/Compa	any)
13760 Noel Rd., Suite 500	
(Address)	,
Dallas, Texas 75240	
(City/State and Z	ip code)
For further information concerning this matter, please call:	
Carol L. Salaiz	252-5351
(Name of Person) (A Enclosed is a check for the amount:	rea Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Certified Con (Additional Enclosed)	py Certificate of Status & Certified
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

## U.S. Cotton Growers Association Corporation (Name of Corporation) F02000006113 (Document Number of Corporation (if known) Texas (Incorporated Under Laws of) This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida. This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida. The following is a current mailing address for the corporation: Attn: Carol L. Salaiz, 13760 Noel Rd., Suite 5 (Mailing Address) Dallas, Texas 75240 (City/ State /Zip) The corporation agrees to posify the Department of State in the future of any change in its mailing address. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)

**FILING FEE \$35** 

8/15/13

CORPORATE DETAIL RECORD SCREEN

3:28 PM

NUM: N12000009986 ST:FL ACTIVE/FL NON-PROF FLD: 10/22/2012

: CCS INC.

PRINCIPAL: 1879 MOURNING DOVE DRIVE ADDRESS PALM HARBOR, FL 34683

RA NAME : SAILOR, DEBRA L

RA ADDR : 1879 MOURNING DOVE DRIVE

PALM HARBOR, FL 34683 US

ANN REP : \* NONE FILED \*

1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: