

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

601000019078

DOCUMENT # 601000019078

1. Entity Name
The Cottoncane Group, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 31 PM 1:44

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

149 Finner DR
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Crawfordville FL

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

32327

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Robert Rip Russ*

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

149 Finner DR

City *Crawfordville*

FL

Zip Code

32329

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.

SIGNATURE *Robert Rip Russ*

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

1/31/05

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE *MEMBER*
NAME *Robert Rip Russ*
STREET ADDRESS *149 Finner DR*
CITY-ST-ZIP *Crawfordville FL 32327*

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert Rip Russ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/31/03

CR2E083B (12/01)