2006 LIMITED LIABILITY COMPANY
. ANNUAL REPORT (AR)

Feb 17, 2006 08:00 AM DOCUMENT # L03000048230 **Secretary of State** 1. Entity Name COTTEN ELECTRIC, LLC Principal Place of Business Mailing Address 5736 HWY 92 WEST 5736 HWY 92 WEST PLANT CITY FL 33566 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 57-1197943 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COTTEN, CHARLES F Street Address (P.O. Box Number is Not Acceptable) 5736 HWY 92 WEST PLANT CITY FL 33566 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Dalete ☐ Change ☐ Addition TITLE MGR TITLE NAME COTTEN, CHARLES F NAME 03/01/06-80007-016 **50.00** STREET ADDRESS 5736 HWY 92 WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33566 Delete Addition TITLE TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILL Delete BILE ☐ Change nadibbA 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 reference or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

There !

Chaeles 1. GHEN

Tes 14 2006

FILED

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