


FILED
May 24, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # L05000112614

1. Entity Name

COTTON EXCHANGE LLC



May 24, 2007 8:00 am

Secretary of State

05-24-2007 90407 022 ****50.00

Principal Place of Business

Mailing Address

127 AVENUE B
APALACHICOLA FL 32320

127 AVENUE B
APALACHICOLA FL 32320

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E083 (10/06)

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPOHRER, LYNN WILSON
127 AVENUE B
APALACHICOLA FL 32320

7. Name and Address of New Registered Agent

Name

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

City

FL

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 registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | |
|--|---|
| <div>TITLE</div> <div>NAMI</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>MGRM</div> <div>SPOHRER, B. F</div> <div>127 AVENUE B</div> <div>APALACHICOLA FL 32320</div> <div><input type="checkbox"/> Delete</div> | <div>TITLE</div> <div>NAMI</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div> |
| <div>TITLE</div> <div>NAMI</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div>MGRM</div> <div>WILSON, LYNN</div> <div>127 AVENUE B</div> <div>APALACHICOLA FL 32320</div> <div><input type="checkbox"/> Delete</div> | <div>TITLE</div> <div>NAMI</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div> |
| <div>TITLE</div> <div>NAMI</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div><input type="checkbox"/> Delete</div> | <div>TITLE</div> <div>NAMI</div> <div>STREET ADDRESS</div> <div>CITY - ST - ZIP</div> <div><input type="checkbox"/> Change</div> <div><input type="checkbox"/> Addition</div> |
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *B.F. Spohrer*

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

DATE: *April 30, 2007*

Daytime Phone # *309799-7998*