

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101082

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** COTTON STRIP AIRPORT ASSOCIATION, L.L.C.

**Current Principal Place of Business:**

6118 STATE ROAD 80 WEST  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

6118 STATE ROAD 80 WEST  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 90-0310284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHULTS, MICHAEL LEO  
6118 STATE RD 80 W  
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  
**Name:** SHULTS, MICHAEL LEO  
**Address:** 6118 SR 80 W  
**City-St-Zip:** LABELLE, FL 33935

**Title:** MEMB  
**Name:** ELAM-SHULTS, BETHENY L MEMBER  
**Address:** 6118 SR 80 W  
**City-St-Zip:** LABELLE, FL 33935

I hereby 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

MEMB

04/29/2011

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