

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000378616

**Entity Name:** EDITH COTTON LLC

**Current Principal Place of Business:**

5373 EZELL STREET  
GRACEVILLE, FL 32440

**Current Mailing Address:**

5373 EZELL STREET  
GRACEVILLE, FL 32440 US

**FEI Number:** 88-0955470

**Certificate of Status Desired:** No

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

WINTER SPIRES & ASSOCIATES, P.A.  
4300 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541 US

*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

**Authorized Person(s) Detail :**

Title	P	Title	VP
Name	TUCKER, WILLIE E	Name	TUCKER, EBONY D
Address	5373 EZELL STREET	Address	250 BRYANT STREET
City-State-Zip:	GRACEVILLE FL 32442	City-State-Zip:	MOUNTAIN VIEW CA 94041
Title	VP	Title	VP
Name	GREEN, VERDELL	Name	DANIELS, SHAREE
Address	884 BRIARWOOD BLVD	Address	50 AMARULA LANE
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	RICHMOND HILL GA 31324

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIE TUCKER

**PRESIDENT**

**04/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date