

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000052065

**FILED**  
**Mar 10, 2008**  
**Secretary of State**

**Entity Name:** COUSINS, LLC

**Current Principal Place of Business:**

1222 S MISSOURI  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1222 S. MISSOURI  
CLEARWATER, FL 33756

**New Mailing Address:**

110 S. CAROLINA AVE  
MASON CITY, IA 50401

**FEI Number:** 20-1386645      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STERGIADES, BARBARA  
4205 INTRACOASTAL DR.  
HIGHLAND BEACH, FL 33487      US

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

STERGIADES, ANDREW  
704 NE 1ST CT  
DELRAY BEACH, FL 33483      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: ANDREW STERGIADES

03/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: STERGIADES, BARBARA  
Address: 4205 INTRACOASTAL DR.  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: MGRM      ( ) Delete  
Name: DASKALOS, SUSAN  
Address: 620 S. MISSISSIPPI  
City-St-Zip: MASON CITY, IO 50401

Title: MGRM      (X) Delete  
Name: DASKALOS, PENELOPE  
Address: 4205 INTRACOASTAL DR.  
City-St-Zip: HIGHLAND BEACH, FL 33487

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: STERGIADES, BARBARA  
Address: 110 S. CAROLINA AVE  
City-St-Zip: MASON CITY, IA 50401

Title: MGRM      (X) Change ( ) Addition  
Name: STERGIADES, ANDREW  
Address: 104 NE 1ST CT.  
City-St-Zip: DELRAY BEACH, FL 33483

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BARBARA STERGIADES

MGRM

03/10/2008

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