

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