

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000063681

FILED
Oct 23, 2007
Secretary of State

Entity Name: COUSINS TOO, LLC

Current Principal Place of Business:

1335 SNELL ISLE BLVD
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

1335 SNELL ISLE BLVD
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-1709836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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, FL 33487 US

Name and Address of New Registered Agent:

STERGIADES, BARBARA
1335 SNELL ISLE BLVD
ST. PETERSBURG, FL 33704 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: BARBARA STERGIADES

10/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MGRM (X) Delete
Name: DASKALOS, PENELOPE
Address: 4205 INTRACOASTAL DR.
City-St-Zip: HIGHLAND, 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: 110 S. CAROLINA AVE
City-St-Zip: MASON CITY, IA 50401

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

10/23/2007

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