2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L07000053025

Entity Name: HOUSE OF COUSINS, LLC

Current Principal Place of Business:

250 AVENUE K, S.W., STE. 100
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

250 AVENUE K, S.W., STE. 100
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 20-0305810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSIDY, MICHELLE
250 AVENUE K, S.W., STE. 100
WINTER HAVEN, FL 33880 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	( ) Delete
Name:	CASSIDY, MICHELLE	
Address:	250 AVENUE K, S.W., STE. 100	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	MGRM	( ) Delete
Name:	CASSIDY, ALBERT S	
Address:	250 AVENUE K, S.W., STE. 100	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	MGRM	( ) Delete
Name:	RHINEHART, ADAM	
Address:	250 AVENUE K, S.W., STE. 100	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	MGRM	( ) Delete
Name:	RHINEHART, ANDREW	
Address:	250 AVENUE K, S.W., STE. 100	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	MGRM	( ) Delete
Name:	RHINEHART, NICHOLAS	
Address:	250 AVENUE K, S.W., STE. 100	
City-St-Zip:	WINTER HAVEN, FL 33880	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MICHELLE CASSIDY MGRM 01/15/2009

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