

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053025

FILED
Feb 08, 2011
Secretary of State

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
Name: CASSIDY, MICHELLE
Address: 250 AVENUE K, S.W., STE. 100
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: CASSIDY, ALBERT S
Address: 250 AVENUE K, S.W., STE. 100
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: RHINEHART, ADAM
Address: 250 AVENUE K, S.W., STE. 100
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: RHINEHART, ANDREW
Address: 250 AVENUE K, S.W., STE. 100
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: RHINEHART, NICHOLAS
Address: 250 AVENUE K, S.W., STE. 100
City-St-Zip: WINTER HAVEN, FL 33880

I hereby 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

02/08/2011

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