

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000021105

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** COOPERATIVE MEDIATION SOLUTIONS, LLC

**Current Principal Place of Business:**

12077 CITRUS FALLS CIR #201  
TAMPA, FL 33625

**New Principal Place of Business:**

115 112TH AVE NE  
915  
ST PETERSBURG, FL 33716

**Current Mailing Address:**

12077 CITRUS FALLS CIR #201  
TAMPA, FL 33625

**New Mailing Address:**

115 112TH AVE NE  
915  
ST PETERSBURG, FL 33716

**FEI Number:**                      **FEI Number Applied For (X)**                      **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:**

TURNER, STEPHANIE M  
12077 CITRUS FALLS CIR #201  
TAMPA, FL 33625    US

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

TURNER, STEPHANIE M  
115 112TH AVE NE  
915  
ST PETERSBURG, FL 33716 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: STEPHANIE M. TURNER

10/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: TURNER, STEPHANIE M  
Address: 12077 CITRUS FALLS CIR #201  
City-St-Zip: TAMPA, FL 33625

Title: MGRM    (X) Delete  
Name: VICTOR, ELIZABETH K  
Address: 12077 CITRUS FALLS CIR #201  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: TURNER, STEPHANIE M  
Address: 115 112TH AVE NE  
City-St-Zip: ST PETERSBURG, FL 33716

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: STEPHANIE M. TURNER

MGRM

10/20/2009

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