

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000052187

**FILED**  
**Oct 19, 2010**  
**Secretary of State**

**Entity Name:** TWO SISTERS TAX SERVICE, LLC

**Current Principal Place of Business:**

86128 KUTANA DR  
YULEE, FL 32097

**New Principal Place of Business:**

474268 E STATE RD 200  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

86128 KUTANA DR  
YULEE, FL 32097

**New Mailing Address:**

474268 E STATE RD 200  
FERNANDINA BEACH, FL 32034

**FEI Number:** 01-0951057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COTHRON, KATE  
86128 KUTANA DR  
YULEE, FL 32097 US

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

COTHRON, KATE  
474268 E STATE RD 200  
FERNANDINA BEACH, FL 32034 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: KATE COTHRON

10/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STANLEY, DEBORAH A  
Address: 474268 E STATE RD 200  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM  
Name: COTHRON, KATHERINE L  
Address: 250 HEDGE ST  
City-St-Zip: KINGSLAND, GA 31548

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: KATHARINE L COTHRON

MGRM

10/19/2010

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