

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000037505

**Entity Name:** WORKSHOP OF HAPPINESS, LLC

**Current Principal Place of Business:**

3046 DEL PRADO BLVD SOUTH  
UNIT 2-C  
CAPE CORAL, FL 33904

**Current Mailing Address:**

3046 DEL PRADO BLVD SOUTH  
UNIT 2-C  
CAPE CORAL, FL 33904

**FEI Number:** 45-4824091

**Certificate of Status Desired:** No

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

ANTIPOVA, SNEZHANA  
3046 DEL PRADO BLVD SOUTH  
UNIT 2-C  
CAPE CORAL, FL 33904 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MEDVEDEV, IURII  
Address 3046 DEL PRADO BVD SOUTH  
SUITE 2-C  
City-State-Zip: CAPE CORAL FL 33904

Title MGRM  
Name ANTIPOVA, SNEZHANA  
Address 3046 DEL PRADO BLVD SOUTH  
SUITE 2-C  
City-State-Zip: CAPE CORAL FL 33904

Title MGR  
Name ZHURAVLEV, DMITRY  
Address 3046 DEL PRADO BLVD  
SUITE 2-C  
City-State-Zip: CAPE CORAL FL 33904

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SNEZHANA ANTIPOVA

**MNGR**

**03/20/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date