# that my name appears above, or on an attachment with all other like empowered. 03/17/2017

SIGNATURE: SHAWN YOUNG

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: MAD HAPPY STUDIO, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

587 N UNIVERSITY DRIVE PLANTATION. FL 33324

### **Current Mailing Address:**

DOCUMENT# L16000151995

587 N UNIVERSITY DRIVE PLANTATION. FL 33324

## FEI Number: 82-0843566

### Name and Address of Current Registered Agent:

TARYN, YOUNG 587 N UNIVERSITY DRIVE PLANTATION, FL 33324 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

## Authorized Person(s) Detail :

Title	MGR	Title	AP
Name	YOUNG, SHAWN	Name	FRIEDMAN, HEATHER
Address	587 N UNIVERSITY DRIVE	Address	4781 SW 72ND AVE
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	DAVIE FL 33314

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

PRESIDENT

Certificate of Status Desired: No

Date

FILED Mar 17, 2017 Secretary of State CC3747335287

Date