

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000062489

**Entity Name:** HAPPY PLACE LLC**Current Principal Place of Business:**200 SUNNY ISLES BLVD  
1602 TOWER 2  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**200 SUNNY ISLES BLVD  
1602 TOWER 2  
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 37-1939740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COSTANTINO, ALEJANDRO R  
200 SUNNY ISLES BLVD  
1602 TOWER 2  
SUNNY ISLES BEACH, FL 33160 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	MGR
Name	COSTANTINO, ALEJANDRO R
Address	200 SUNNY ISLES BLVD 1602 TOWER 2
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	STERNI, MIRTHA G
Address	200 SUNNY ISLES BLVD 1602 TOWER 2
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	MGR
Name	COSTANTINO, VICTORIA
Address	200 SUNNY ISLES BLVD 1602 TOWER 2
City-State-Zip:	SUNNY ISLES BEACH FL 33160

*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:** COSTANTINO , ALEJANDRO R

MGR

04/29/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date