

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000229

FILED
Aug 20, 2009
Secretary of State

Entity Name: HAPPY VIEW, LLC

Current Principal Place of Business:

C/O DAVID GONZALEZ
1724 ADAMS STREET
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

C/O DAVID GONZALEZ
1734 ADAMS STREET
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 01-0573668 FEI Number Applied For () 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:

RESTREPO, DIEGO L ESQ.
396 ALHAMBRA CIRCLE
210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RESTREPO, DIEGO L ESQ.
2600 S. DOUGLAS ROAD
506
CORAL GABLES, FL 331346100 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: DIEGO L. RESTREPO

08/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, DAVID
Address: 1724 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGR () Delete
Name: GALKINA-GONZALEZ, TATIANA
Address: 1724 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID GONZALEZ

MGR

08/20/2009

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