

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019351

FILED
Apr 17, 2009
Secretary of State

Entity Name: HAPPY TAILS KENNEL, LLC

Current Principal Place of Business:

2331 EASTERN AVENUE
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

P.O. 702128
SAINT CLOUD, FL 347702128 US

New Mailing Address:

FEI Number: 20-0846661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOFFORD, SYLVIA F
Address: 2331 EASTERN AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGR () Delete
Name: WOFFORD, NATHANIEL L
Address: 2331 EASTERN AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGR () Delete
Name: JOHNSTON, REBECCA
Address: 2330 EASTERN AVENUE
City-St-Zip: ST. CLOUD, FL 34769

ADDITIONS/CHANGES:

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

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: NATHANIELL WOFFORD II

MGR

04/17/2009

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