

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000019351

**FILED**  
**Apr 10, 2012**  
**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  
**Name:** WOFFORD, SYLVIA F  
**Address:** 2331 EASTERN AVENUE  
**City-St-Zip:** ST. CLOUD, FL 34769

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

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

I hereby 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:** SYLVIA F WOFFORD

MGRM

04/10/2012

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