




FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90084 007 ****50.00

DOCUMENT # L04000022158			
1. Entity Name HAPPY WOMEN PUBLISHING LLC			
Principal Place of Business 4107 DUCK CREEK WAY ELLENTON, FL 34222		Mailing Address 4107 DUCK CREEK WAY ELLENTON, FL 34222	
2. Principal Place of Business 11487 57th St E		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PARRISH, FL		City & State	
Zip 34219	Country USA	Zip	Country
4. FEI Number 20-0821445		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PROSTOVA, ELENA 4107 DUCK CREEK WAY ELLENTON, FL 34222		7. Name and Address of New Registered Agent Name PROSTOVA, ELENA Street Address (P.O. Box Number is Not Acceptable) 11487 57th St. E City PARRISH FL Zip Code 34219	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 7/17/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROSTOVA, ELENA 4107 DUCK CREEK WAY address above ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAW, CATHLEEN 6818 74TH STREET CIR BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Date 7/17/2006 Daytime Phone # 755-7767	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			