

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90020 015 ****50.00

DOCUMENT # L04000091091

1. Entity Name
HAPPY TAILS, LLC



Principal Place of Business Mailing Address
6555 N. POWERLINE ROAD 50 NE 26TH AVE
201 #408 FORT LAUDERDALE, 201
POMPANO BEACH, FL 33062 FL 33309 POMPANO BEACH, FL 33062

60060000



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2016738

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

DALEY, STACIE 6555 N. POWERLINE ROAD
60 NE 26TH AVE 408
201 FORT LAUDERDALE,
POMPANO BEACH, FL 33062 FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME **DALEY, STACIE 6555 N. POWERLINE ROAD**
STREET ADDRESS **50 NE 26TH AVE, #201 #408**
CITY-ST-ZIP **POMPANO BEACH, FL 33062 FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: STACIE DALEY *Stacie Daley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/06
Date

954-202-9990
Daytime Phone #