## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L06000058675**

1. Entity Name
HAPPY HOLIDAY LEASING, LLC



Principal Place of Business

1109 W WILLOW RUN DR PORT ORANGE, FL 32129 Mailing Address

1109 W WILLOW RUN DR PORT ORANGE, FL 32129

## FILED Mar 12, 2008 8:00 am Secretary of State

03-12-2008 90242 008 \*\*\*138.75

UUU43000



01212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4426348 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZER, ROBERT D 2090 S NOVA RD SUITE AA05 DAYTONA BEACH, FL 32119

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			1970 v.	
	named entity submits this statement for the purpose of chan ons of registered agent.	ging its registered office or registered ag	gent, or both, in the State of Florida	, I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(HOTE: Registered Agent signature required when a	ngir stating)	DATE
. FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	SEX. 100 (100 (100 (100 (100 (100 (100 (100	444	
IITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILOTTA, HELEN R 1109 W WILLOW RUN DR PORT ORANGE, FL 32129	<u>.</u>		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				
TITLE NAME STREET ADDRESS' CITY-ST-ZIP			DO NOT WR	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			CORDED REPRESENTATIVE	Data	Daytime Phone #	
SIGNATURE:	Helan	18. Bilotto	2		÷	