

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052405

Entity Name: ART OF HAPPINESS, LLC

FILED  
Apr 05, 2009  
Secretary of State

## Current Principal Place of Business:

837 S. EDENBRIDGE WAY  
ST. AUGUSTINE, FL 32092

## New Principal Place of Business:

## Current Mailing Address:

837 S. EDENBRIDGE WAY  
ST. AUGUSTINE, FL 32092

## New Mailing Address:

2220 CR 210 W  
SUITE 108 PMB# 104  
ST. JOHNS, FL 32259

FEI Number: 26-2684281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEVITO, TANIA K  
837 S. EDENBRIDGE WAY  
ST. AUGUSTINE, FL 32092 US

## Name and Address of New Registered Agent:

DEVITO, MICHAEL J CFO  
837 S. EDENBRIDGE WAY  
ST. AUGUSTINE, FL 32092 US

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: MICHAEL J. DEVITO JR.

04/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete  
Name: DEVITO, TANIA K  
Address: 837 S. EDENBRIDGE WAY  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM ( ) Delete  
Name: DEVITO, MICHAEL J JR.  
Address: 837 S. EDENBRIDGE WAY  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES:

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: MICHAEL J. DEVITO JR.

CFO

04/05/2009

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