

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058142

FILED
Apr 20, 2009
Secretary of State

Entity Name: HAPPY FEET DANCE STUDIO, LLC

Current Principal Place of Business:

1195 W. 21ST STREET
APT. 3
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1195 W. 21ST STREET
APT. 3
JACKSONVILLE, FL 32209

New Mailing Address:

PO BOX 12213
JACKSONVILLE, FL 32209

FEI Number: 26-2484249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, SHERRILYNN
1195 W. 21ST STREET
APT. 3
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

CHESS, SHERRILYNN
1195 W. 21ST STREET
APT. 3
JACKSONVILLE, FL 32209 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: SHERRILYNN CHESS

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOSTER, SHERRILYNN
Address: 9408 W. WILSHIRE AVENUE
City-St-Zip: PHOENIX, AZ 85037

Title: MGR () Delete
Name: GRIFFIN, DEMACI
Address: 1195 W. 21ST STREET, APT. 3
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHESS, SHERRILYNN
Address: PO BOX 12213
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGR (X) Change () Addition
Name: GRIFFIN, DEMACI
Address: PO BOX 12213
City-St-Zip: JACKSONVILLE, FL 32209

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: SHERRILYNNCHESS

MGR

04/20/2009

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