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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

SUBJECT: Happier House LLC		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Menzo E Simmons (Contact Person)		
Happier House LLC (Firm/Company)		
4330 Gladys St.		
Heading 5, F1 32145	· <u></u>	
Hesting 5, FL 32145 (City/State and Zip Code)	9 001	
For further information concerning this matter, please call:	52	77. A.
Menzo E Simmons at (904) 378-6449	AH 9: 56	45047 25.945
(Name of Contact Person) (Area Code & Daytime Telephone Number)	ST.	JIS JIE
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$25 \text{ Filing Fee & Certified Copy}\$		HS.

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department	ì
of State is: Happier House LLC	
2. The Florida document/registration number assigned to this limited liability company is:	
<u>L17000008226</u>	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10123 19-	٠ <u>٠</u> ٠٠
4. I, Laurie P. Roach, hereby withdraw/resign as a	28 CAS 28 DAS 14
OW PORT (Print Title)	2300360 A 56 A A 56 A
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	SHOES 3E
Signature of Dissociating Member or Resigning Manager	

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)