

M19000011867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

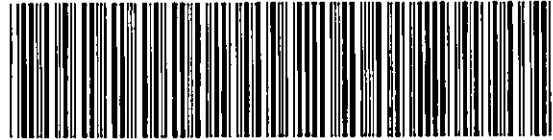
(Business Entity Name)

(Document Number)

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U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Happy Supplements LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEQUASHA ANDERSON  
(Name of Person)

ANDERSON LAW FIRM PLLC  
(Firm/Company)

PO Box 2355  
(Address)

Apopka, FL 32704  
(City/State and Zip Code)

For further information concerning this matter, please call:

NEQUASHA ANDERSON at ( 407 ) 801-8000  
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2023

NEQUOSHA ANDERSON  
ANDERSON LAW FIRM PLLC  
PO BOX 2355  
APOPKA, FL 32704

SUBJECT: HAPPY SUPPLEMENTS LLC  
Ref. Number: M19000011867

We have received your document for HAPPY SUPPLEMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 623A00009137

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Happy Supplements LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/13/2019

(Date registered with Florida Department of State)

M19000011867

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Nedra Anderson

(Signature of authorized representative)

NEDRA ANDERSON

(Typed or printed name of signee)

FILED  
2023.14 AM 8:15  
CLERK OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00