

P03000097495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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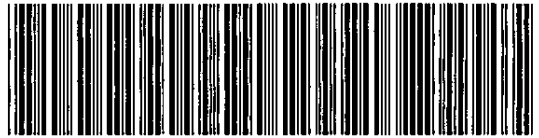
(Business Entity Name)

(Document Number)

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600158050176

*Resignation
to RA*

600158050176
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FILED
2009 JUL -9 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*APR
7/13/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAPPY FAMILY ENTERPRISES
(Name of Corporation)

DOCUMENT NUMBER: PO3000097495

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER JACOBSEN

(Name of Person)

SOUTHEAST ACCOUNTING & TAX GROUP INC.

(Name of Firm/Company)

440 N.W. 11 AVE

(Address)

BOCA RATON FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER JACOBSEN

(Name of Person)

at (561) 392 9921

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
2009 JUL -9 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, SOUTHEAST ACCOUNTING & TAX GRP INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for HAPPY FAMILY ENTERPRISES INC.

(Name of Corporation)

P0300007495

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

SOUTHEAST ACCTG & TAX GRP INC

BY Peter Jacobsen

(Signature of Resigning Agent)

If signing on behalf of an entity:

PETER JACOBSEN

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314