

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000231427

**Entity Name:** HAPPY LIZARD II LLC

**Current Principal Place of Business:**

980 FAIRFAX STREET  
CARLYLE, IL 62231

**Current Mailing Address:**

980 FAIRFAX STREET  
CARLYLE, IL 62231 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | MGR                | Title           | AP                 |
| Name            | HAPPY LIZARD LLC   | Name            | HOLSAPPLE, SHAWN   |
| Address         | 980 FAIRFAX STREET | Address         | 980 FAIRFAX STREET |
| City-State-Zip: | CARLYLE IL 62231   | City-State-Zip: | CARLYLE IL 62231   |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE HAGEN

**MANAGER**

**08/21/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date