

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000262375

**Entity Name:** COOPY, LLC

**Current Principal Place of Business:**

12381 S. CLEVELAND AVENUE  
SUITE 200  
FORT MYERS, FL 33907

**Current Mailing Address:**

12381 S. CLEVELAND AVENUE  
SUITE 200  
FORT MYERS, FL 33907 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JACKMAN, RITA  
12381 S. CLEVELAND AVENUE  
SUITE 200  
FORT MYERS, FL 33907 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  
Name FROITZHEIM, HELMUT  
Address 12381 S. CLEVELAND AVENUE, SUITE  
200  
City-State-Zip: FORT MYERS FL 33907

Title MGR  
Name FROITZHEIM, ELVIRA  
Address 12381 S. CLEVELAND AVENUE, SUITE  
200  
City-State-Zip: FORT MYERS FL 33907

*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:** HELMUT FROITZHEIM

**MANAGER**

**04/06/2019**

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

\_\_\_\_\_  
Date