

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000364829

**Entity Name:** CANOPY PARTNERS, LLC

**Current Principal Place of Business:**

1400 VILLAGE SQUARE BLVD., SUITE 3-189  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1400 VILLAGE SQUARE BLVD., SUITE 3-189  
TALLAHASSEE, FL 32312

**FEI Number:** 85-4387879

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CALVERT, R  
Address 1400 VILLAGE SQUARE BLVD., SUITE  
3-189  
City-State-Zip: TALLAHASSEE FL 32312

*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:** R CALVERT

MGR

02/07/2022

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

\_\_\_\_\_ Date