

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093528

Entity Name: CANOPY CREEK CLUB LLC**Current Principal Place of Business:**LANG MANAGEMENT COMPANY
790 PARK OF COMMERCE BLVD SUITE 200
BOCA RATON, FL 33487**Current Mailing Address:**C/O LANG MANAGEMENT COMPANY
790 PARK OF COMMERCE BLVD SUITE 200
BOCA RATON, FL 33487 US**FEI Number:** 26-0902281**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LANG MANAGEMENT COMPANY
C/O LANG MANAGEMENT COMPANY
790 PARK OF COMMERCE BLVD SUITE 200
BOCA RATON, FL 33487 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:** KEVIN CARROLL**04/27/2023**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name IMHOFF, VICTORIA
Address C/O LANG MANAGEMENT COMPANY
 790 PARK OF COMMERCE BLVD
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title VP
Name READ, JONAS
Address C/O LANG MANAGEMENT COMPANY
 790 PARK OF COMMERCE BLVD
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name SWIERKO, KAITLYN
Address C/O LANG MANAGEMENT COMPANY
 790 PARK OF COMMERCE BLVD
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title SECRETARY
Name KATTOURA, RICHARD
Address C/O LANG MANAGEMENT COMPANY
 790 PARK OF COMMERCE BLVD
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title VICE SECRETARY
Name BERRY, MELISSA
Address C/O LANG MANAGEMENT COMPANY
 790 PARK OF COMMERCE BLVD
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

Title TRUSTEE
Name MORTON, SCOTT
Address C/O LANG MANAGEMENT COMPANY
 790 PARK OF COMMERCE BLVD
 SUITE 200
City-State-Zip: BOCA RATON FL 33487

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: IMHOFF, VICTORIA**PRESIDENT****04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date