

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000119775

**Entity Name:** KOPPERHEAD K9 LLC

**Current Principal Place of Business:**

1174 SW BABCOCK AVENUE  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

1174 SW BABCOCK AVENUE  
PORT ST LUCIE, FL 34953

**FEI Number:** 83-4716049

**Certificate of Status Desired:** No

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

HARRIS, WILLIAM  
1174 SW BABCOCK AVENUE  
PORT ST LUCIE, FL 34953 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 HARRIS, WILLIAM  
Address 1174 SW BABCOCK AVENUE  
City-State-Zip: PORT ST LUCIE FL 34953

Title MBR  
Name MILLER, MITCHELL  
Address 113 SW S WAKEFIELD CIRCLE  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** MITCHELL MILLER

**MEMBER**

**06/11/2020**

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

\_\_\_\_\_  
Date