2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L08000014970

Entity Name: CANOPY INSURANCE, LLC

Current Principal Place of Business:

19909 HIGHWAY 41 N.
SUITE A
LUTZ, FLORIDA, 33549

New Principal Place of Business:

19909 HIGHWAY 41 N.
SUITE A
LUTZ,, FL 33549

Current Mailing Address:

19909 HIGHWAY 41 N.
SUITE A
LUTZ, FLORIDA, 33549

New Mailing Address:

19909 HIGHWAY 41 N.
SUITE A
LUTZ,, FL 33549

FEI Number: 26-1944042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGIORNO, STEPHEN G
18809 MERRY LANE
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRAY, VERDELL JR.
Address: 18812 MERRY LANE
City-St-Zip: LUTZ, FL 33548

Title: MGRM ( ) Delete
Name: DELGIORNO, STEPHEN G
Address: 18809 MERRY LANE
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHEN DELGIORNO MGRM 03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date