

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037085

**Entity Name:** CLEVER CANINES LLC

**Current Principal Place of Business:**

5712 SPLIT OAK LANE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

5712 SPLIT OAK LANE  
TALLAHASSEE, FL 32303

**FEI Number:** 56-2509978

**Certificate of Status Desired:** No

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

HEPPLE, GILLIAN C  
5712 SPLIT OAK LANE  
TALLAHASSEE, FL 32303 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 MGRM  
Name HEPPLE, GILLIAN C  
Address 5712 SPLIT OAK LANE  
City-State-Zip: TALLAHASSEE FL 32303

*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:** GILLIAN HEPPLE

MGRM

03/17/2021

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

\_\_\_\_\_ Date