

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000007929

Entity Name: CANOPY SPECIALTY INSURANCE LLC

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
STE 300
MIAMI, FL 33126

Current Mailing Address:

5201 BLUE LAGOON DRIVE
STE 300
MIAMI, FL 33126 US

FEI Number: 84-1769325

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 CEO
Name CROSS, DEAN
Address 5201 BLUE LAGOON DRIVE
 SUITE 300
City-State-Zip: MIAMI FL 33126

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: DEAN CROSS

CEO

02/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date