

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004353

Entity Name: HIGHLAND PROPERTIES, LLC**Current Principal Place of Business:**12443 SAN JOSE BLVD STE 604
JACKSONVILLE, FL 32223**Current Mailing Address:**P.O. BOX 751139
FOREST HILLS, NY 11375 US**FEI Number:** 20-0606828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOSES, MICHAEL
12443 SAN JOSE BLVD STE 604
JACKSONVILLE, FL 32223 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	MANAGING MEMBER
Name	CHAO FAMILY TRUST I
Address	P.O. BOX 751139
City-State-Zip:	FOREST HILLS NY 11375

Title	MANAGING MEMBER
Name	CHAO FAMILY TRUST II
Address	751139 POB
City-State-Zip:	FLUSHING NY 11375

Title	MANAGER
Name	CHAO, ENOCH
Address	PO BOX 751139
City-State-Zip:	FLUSHING NY 11375

Title	TRUSTEE
Name	CHAO, CALEB J
Address	241 E. 14TH STREET APT. 5A
City-State-Zip:	NEW YORK NY 10003

Title	TRUSTEE
Name	CHAO, CHLOE A
Address	10821 69TH AVE
City-State-Zip:	FOREST HILLS NY 11375

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: ENOCH CHAO**MANAGER****01/12/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date