Current Mai	ling Address:			
4 AIDEN CC PALM BEAC	OURT CH GARDENS, FL 33418 US			
FEI Number	: 35-2354728		Certificate of Status Desired	: No
Name and A	Address of Current Registered Agent	:		
BABER, LINDA 4 AIDEN COUF				
BABER, LINDA 4 AIDEN COUR PALM BEACH The above name	RT GARDENS, FL 33418 US d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of Florida.	
BABER, LINDA 4 AIDEN COUF PALM BEACH	RT GARDENS, FL 33418 US d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of Florida.	Date
BABER, LINDA 4 AIDEN COUF PALM BEACH The above named SIGNATURE	RT GARDENS, FL 33418 US d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of Florida.	Date
BABER, LINDA 4 AIDEN COUF PALM BEACH The above named SIGNATURE	RT GARDENS, FL 33418 US d entity submits this statement for the purpose of chang E: Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of Florida.	Date
BABER, LINDA 4 AIDEN COUF PALM BEACH The above name SIGNATURE Authorized	RT GARDENS, FL 33418 US d entity submits this statement for the purpose of chang E: Electronic Signature of Registered Agent Person(s) Detail :			Date
BABER, LINDA 4 AIDEN COUF PALM BEACH The above named SIGNATURE Authorized Title	RT GARDENS, FL 33418 US d entity submits this statement for the purpose of chang : : : : : : : : : : : : : : : : : : :	Title	MGRM	Date

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: DAVID BABER MGRM

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: LUCCA PROPERTIES, LLC

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

FILED Jan 16, 2018 **Secretary of State** CC2259155126

01/16/2018 Date