

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000037177

**Entity Name:** LUCAS SAVITZ P.L.

**Current Principal Place of Business:**

169 EAST FLAGLER STREET  
SUITE 1534  
MIAMI, FL 33131

**Current Mailing Address:**

169 EAST FLAGLER STREET  
SUITE 1534  
MIAMI, FL 33131 US

**FEI Number:** 46-2259934

**Certificate of Status Desired:** No

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

LUCAS, HAL M  
169 EAST FLAGLER STREET  
SUITE 1534  
MIAMI, FL 33131 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            AUTHORIZED MEMBER  
Name            HAL M. LUCAS P.A.  
Address        169 EAST FLAGLER STREET, SUITE  
                    1534  
City-State-Zip: MIAMI FL 33131

Title            AUTHORIZED MEMBER  
Name            JASON B. SAVITZ P.A.  
Address        169 EAST FLAGLER STREET, SUITE  
                    1534  
City-State-Zip: MIAMI FL 33131

*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:** HAL M. LUCAS

**AUTHORIZED  
REPRESENTATIVE**

**03/13/2018**

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

\_\_\_\_\_  
Date