## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000186774

Entity Name: LUCKY WINDFALL, LLC

**Current Principal Place of Business:** 

Current Principal Place of Bu

4095 STATE ROAD 7 SUITE O

LAKE WORTH, FL 33449

**Current Mailing Address:** 

4095 STATE ROAD 7 SUITE O

LAKE WORTH, FL 33449 US

FEI Number: 47-2489083 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALVARESE PROFESSIONAL ACCOUNTING 5340 N. FEDERAL HIGHWAY SUITE #202 LIGHTHOUSE POINT, FL 33064 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: BRIAN C. CALVARESE 04/10/2017

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name WILSON, PARITA
Address 4095 STATE ROAD 7

SUITE O

City-State-Zip: LAKE WORTH FL 33449

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: PARITA WILSON MANAGER 04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 10, 2017

**Secretary of State** 

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