that my name appears above, or on an attachment with all other like empowered. MGR

SIGNATURE: DOV SZAPIRO

Electronic Signature of Signing Authorized Person(s) Detail

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	: JAVIER LOPEZ			04/27/2018
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	SZAPIRO, URI	Name	SZAPIRO, DOV	
Address	8400 NW 36TH ST 130	Address	8400 NW 36TH ST 130	
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166	
Title	MGR			
Name	SZAPIRO, AVI			
Address	8400 NW 36TH ST 130			

FEI Number: 47-2963269

City-State-Zip: DORAL FL 33166

Name and Address of Current Registered Agent:

LOPEZ, JAVIER F 8400 NW 36TH ST 130

DORAL, FL 33166 US

8400 NW 36TH ST 130 DORAL, FL 33166 US

Current Mailing Address:

DOCUMENT# L15000014903

Entity Name: RIDGEPORT-LUDA 1, LLC

Current Principal Place of Business:

8400 NW 36TH ST 130 DORAL, FL 33166

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2018 Secretary of State CC4750137493

Certificate of Status Desired: No

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

04/27/2018