

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000070675

1. Entity Name
LUCKY CHASE III, LLC



Principal Place of Business
C/O DEAKTOR DEVELOPMENT, INC.
1000 JOHNNANNA DRIVE
PITTSBURGH, PA 15237 US

Mailing Address
C/O DEAKTOR DEVELOPMENT, INC.
1000 JOHNNANNA DRIVE
PITTSBURGH, PA 15237 US

FILED

08 OCT 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3173909

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES, INC.
350 E LAS OLAS BLVD STE 1000
FT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DEAKTOR, SCOTT I
1000 JOHNNANNA DRIVE
PITTSBURGH, PA 15237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

700137110347
10/21/08-01011-006 **\$38.75

**DO NOT WRITE
IN THIS SPACE**

REINSTATEMENT

2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

10-10-08

Date

412-366-6090

Daytime Phone #