

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 410385

**Entity Name:** LUDOVICI & ORANGE CONSULTING ENGINEERS, INC

**Current Principal Place of Business:**

329 PALERMO AVENUE  
2ND FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

329 PALERMO AVENUE  
2ND FLOOR  
CORAL GABLES, FL 33134

**FEI Number:** 59-1416124

**Certificate of Status Desired:** Yes

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

HALL, JOHN R PE  
329 PALERMO AVENUE  
2ND FLOOR  
CORAL GABLES, FL 33134 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:** JOHN R. HALL, P.E.,

01/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name DAWES, ORIZA M  
Address 329 PALERMO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title PTD  
Name HALL, JOHN R PE  
Address 329 PALERMO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name SOSA, ARTURO PLS  
Address 329 PALERMO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name ZIMMERMANN, SARAH V PE  
Address 329 PALERMO AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name ADAMS, ANDREW W PE  
Address 329 PALERMO AVENUE  
2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title VPD  
Name IBARRA, EDWIN F PE  
Address 329 PALERMO AVENUE  
2ND FLOOR  
City-State-Zip: CORAL GABLES FL 33134

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORIZA M DAWES

**SECRETARY**

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date