

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000054681

**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC7639571628**

**Entity Name:** LUDOVICI BUILDING ELEVEN, INC.

**Current Principal Place of Business:**

9000 SW 152 STREET SUITE 106  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

9000 SW 152 STREET SUITE 106  
PALMETTO BAY, FL 33157

**FEI Number: 27-3090701**

**Certificate of Status Desired: No**

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

LUDOVICI, EDWARD P  
9000 SW 152 STREET, SUITE 106  
PALMETTO BAY, FL 33157 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

**Officer/Director Detail :**

Title D  
Name LUDOVICI, PHILIP F  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157

Title DT  
Name LUDOVICI, BARBARA A  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157

Title DPS  
Name LUDOVICI, EDWARD P  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157

Title DV  
Name LUDOVICI, JOSEPH P  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157

Title DAT  
Name LUDOVICI, SUSAN M  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157

Title DV  
Name LUDOVICI, LORENA H  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157

Title DV  
Name LUDOVICI, STEPHEN E  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157

Title DV  
Name LUDOVICI, CHRISTINA S  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157

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*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: EDWARD P LUDOVICI**

**PRESIDENT**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DV  
Name LUDOVICI, ALEXIS N  
Address 9000 SW 152 STREET SUITE 106  
City-State-Zip: PALMETTO BAY FL 33157