

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029145

**Entity Name:** LUCAS PLACE II, LLC

**Current Principal Place of Business:**

797 STATE ROAD 434  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

3505 S. ORLANDO DR.  
SANFORD, FL 32773 US

**FEI Number:** 13-4266215

**Certificate of Status Desired:** No

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

DEMETREE, MATTHEW C  
3505 S. ORLANDO DR.  
SANFORD, FL 32773 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:** MATTHEW C DEMETREE

03/15/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DEMETREE, DAVID A II  
Address 797 STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGRM  
Name DEMETREE, ROBERT A  
Address 797 STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGRM  
Name DEMETREE, MATTHEW C  
Address 797 STATE ROAD 434  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** DR. MATTHEW C. DEMETREE

RA

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date