

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000100284

**Entity Name:** LAZ FLORIDA PARKING, LLC

**Current Principal Place of Business:**

404 WASHINGTON AVENUE  
SUITE 720  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

15 LEWIS STREET  
C/O LAZ KARP ASSOCIATES, LLC  
HARTFORD, CT 06103

**FEI Number:** 26-1172679

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name LAZ KARP ASSOCIATES, LLC  
Address 15 LEWIS STREET  
City-State-Zip: HARTFORD CT 06103

Title CEO  
Name LAZOWSKI, ALAN B  
Address 1010 PROSPECT STREET  
City-State-Zip: HARTFORD CT 06103

Title PRESIDENT  
Name KARP, JEFFREY N  
Address 36 CLAYPIT HILL ROAD  
City-State-Zip: WAYLAND MA 01778

Title COO  
Name KUZIAK, MICHAEL  
Address 15 LEWIS STREET  
C/O LAZ KARP ASSOCIATES, LLC  
City-State-Zip: HARTFORD CT 06103

Title CFO  
Name OWEN, NATHAN  
Address 15 LEWIS STREET  
C/O LAZ KARP ASSOCIATES, LLC  
City-State-Zip: HARTFORD CT 06103

Title CHIEF CULTURE OFFICER  
Name HARTH, MICHAEL  
Address 15 LEWIS STREET  
C/O LAZ KARP ASSOCIATES, LLC  
City-State-Zip: HARTFORD CT 06103

*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:** ALAN B LAZOWSKI

CEO

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date