# 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: DOUGLAS G MCLARRY

Electronic Signature of Signing Authorized Person(s) Detail

# 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000131987

# Entity Name: GULFSTREAM PARKING SOLUTIONS LLC

# **Current Principal Place of Business:**

1317 NOBLE STREET LONGWOOD, FL 32750

#### **Current Mailing Address:**

1317 NOBLE STREET LONGWOOD, FL 32750 US

# FEI Number: 46-1233529

# Name and Address of Current Registered Agent:

MCLARRY, DOUGLAS G 1317 NOBLE STREET LONGWOOD, FL 32750 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

#### Authorized Person(s) Detail :

| Title           | MGRM               | Title           | MGRM                  |
|-----------------|--------------------|-----------------|-----------------------|
| Name            | MCLARRY, DOUGLAS G | Name            | ECHEGARAY, JENNIFER   |
| Address         | 1317 NOBLE STREET  | Address         | 134 HICKORY STICK CT. |
| City-State-Zip: | LONGWOOD FL 32750  | City-State-Zip: | DEBARY FL 32713       |

ereby 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 un

OWNER

04/05/2018

Date

FILED Apr 05, 2018 Secretary of State CC9508124348

Certificate of Status Desired: No

Date