

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000154550

**Entity Name:** ROCHE PARKING SERVICES, LLC

**Current Principal Place of Business:**

4107 NORTH HIMES AVENUE, 2ND FLOOR  
TAMPA, FL 33607

**Current Mailing Address:**

4107 NORTH HIMES AVENUE, 2ND FLOOR  
TAMPA, FL 33607 US

**FEI Number:** 47-1974386

**Certificate of Status Desired:** Yes

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

MARTIN, MELISA  
4107 NORTH HIMES AVENUE, 2ND FLOOR  
TAMPA, FL 33607 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 AMBR  
Name ROCHE FAMILY HOLDINGS, INC.  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name ROCHE, SHANNON  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name MARTIN, MELISA  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name BERKE, KENNETH  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

Title AMBR  
Name HARVEY, BLAIR  
Address 4107 NORTH HIMES AVENUE  
2ND FLOOR  
City-State-Zip: TAMPA FL 33607

*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:** MISSY MARTIN

**CONTROLLER**

**05/20/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date