2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000209970

Entity Name: PIER 66 PARKING, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD.
SUITE 200
ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD.
SUITE 200
ORLANDO, FL 32827 US

FEI Number: 81-4485837

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	VP
Name	THAKKAR, RASESH
Address	9350 CONROY WINDERMERE ROAD
City-State-Zip:	WINDERMERE FL 34786

Title	VP, S
Name	RENCORET, MICHELLE R
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200
City-State-Zip:	ORLANDO FL 32827

Title	VP
Name	WEAVER, BENJAMIN A
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200
City-State-Zip:	ORLANDO FL 32827

Title	VPT
Name	BYRNES, DANIEL
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200
City-State-Zip:	ORLANDO FL 32827

Title	VP
Name	BEUCHER, NICHOLAS F III
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200
City-State-Zip:	ORLANDO FL 32827

Title	VP
Name	GANDOLFO, CHRISTOPHER
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200
City-State-Zip:	ORLANDO FL 32827

Title	P
Name	COLLIN, T CRAIG
Address	6900 TAVISTOCK LAKES BLVD. SUITE 200
City-State-Zip:	ORLANDO FL 32827

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: BENJAMIN A. WEAVER   VICE PRESIDENT   03/14/2023

Electronic Signature of Signing Authorized Person(s) Detail   Date