## 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002530

Entity Name: TPS PARKING MANAGEMENT, LLC

**Current Principal Place of Business:** 

840 S. WAUKEGAN ROAD, SUITE 222

LAKE FOREST, IL 60045

**Current Mailing Address:** 

840 S. WAUKEGAN ROAD, SUITE 222 LAKE FOREST. IL 60045

FEI Number: 36-4310112 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 MGR Title MGR

Name ROWE, RANDALL K Name GOLDMAN, JAMES R

Address 840 S. WAUKEGAN ROAD, SUITE 222 Address 840 S. WAUKEGAN ROAD, SUITE 222

City-State-Zip: LAKE FOREST IL 60045 City-State-Zip: LAKE FOREST IL 60045

Title MGR Title MANAGER

Name MODY, JANE E. Name SHRIER, KEVIN J.

Address 840 S. WAUKEGAN ROAD, SUITE 222 Address 840 S. WAUKEGAN ROAD, SUITE 222

City-State-Zip: LAKE FOREST IL 60045 City-State-Zip: LAKE FOREST IL 60045

Title MANAGER Title MANAGER

Name BAWOLEK, KEITH A. Name DOUGLASS, STEPHEN F.

Address 840 S. WAUKEGAN ROAD, SUITE 222 Address 840 S. WAUKEGAN ROAD, SUITE 222

City-State-Zip: LAKE FOREST IL 60045

Title MANAGER

Name NESBITT, MARTIN H.

Address 840 S. WAUKEGAN ROAD, SUITE 222

City-State-Zip: LAKE FOREST IL 60045

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: JAMES R. GOLDMAN

VICE CHAIRMAND AND MANAGER

02/27/2014

FILED Feb 27, 2014

**Secretary of State** 

CC9849171262

Electronic Signature of Signing Authorized Person(s) Detail

Date