2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001042

Entity Name: LYFT FLORIDA, INC.

Current Principal Place of Business:

185 BERRY STREET **SUITE 5000**

SAN FRANCISCO, CA 94107

185 BERRY STREET **SUITE 5000** SAN FRANCISCO, CA 94107 US

Current Mailing Address:

FEI Number: 20-8809830 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD 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

FILED Mar 23, 2019

Secretary of State

0256892285CC

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title SECRETARY

ZIMMER. JOHN Name Name SVERCHEK, KRISTIN Address

185 BERRY STREET 185 BERRY STREET **SUITE 5000 SUITE 5000**

Address

SAN FRANCISCO CA 94107 SAN FRANCISCO CA 94107 City-State-Zip: City-State-Zip:

Title **CFO** Title **DIRECTOR**

ROBERTS, BRIAN AGGARWAL, SEAN Name Name

185 BERRY STREET 185 BERRY STREET Address Address

SUITE 5000 SUITE 5000

SAN FRANCISCO CA 94107 SAN FRANCISCO CA 94107 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title DIRECTOR Name CHRISTODORO, JONATHAN Name GREEN, LOGAN

185 BERRY STREET 185 BERRY STREET Address Address

SUITE 5000 SUITE 5000

SAN FRANCISCO CA 94107 City-State-Zip: SAN FRANCISCO CA 94107 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name HOROWITZ, BEN Name JARRETT, VALERIE

185 BERRY STREET 185 BERRY STREET Address Address

SUITE 5000 SUITE 5000

City-State-Zip: SAN FRANCISCO CA 94107 City-State-Zip: SAN FRANCISCO CA 94107

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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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/23/2019 SIGNATURE: KRISTIN SVERCHEK SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameLAWEE, DAVIDNameMIKITANI, HIROSHIAddress185 BERRY STREETAddress185 BERRY STREET

SUITE 5000 SUITE 5000

City-State-Zip: SAN FRANCISCO CA 94107 City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR Title DIRECTOR

Name MIURA-KO, ANN Name WILDEROTTER, MAGGIE

Address 185 BERRY STREET Address 185 BERRY STREET

SUITE 5000 SUITE 5000

City-State-Zip: SAN FRANCISCO CA 94107 City-State-Zip: SAN FRANCISCO CA 94107