

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001042

**Entity Name:** LYFT FLORIDA, INC.

**FILED**  
**Mar 06, 2023**  
**Secretary of State**  
**4369013901CC**

**Current Principal Place of Business:**

185 BERRY STREET  
SUITE 5000  
SAN FRANCISCO, CA 94107

**Current Mailing Address:**

185 BERRY STREET  
SUITE 5000  
SAN FRANCISCO, CA 94107 US

**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

**Officer/Director Detail :**

Title DIRECTOR  
Name WILDEROTTER, MARY AGNES  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR  
Name LAWEE, DAVID  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR  
Name JARRETT, VALERIE  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR  
Name MIURA-KO, ANN  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title BOARD CHAIR  
Name AGGARWAL, PRASHANT (SEAN)  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR  
Name GREEN, LOGAN  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title VICE CHAIR  
Name ZIMMER, JOHN  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title GENERAL COUNSEL AND  
SECRETARY  
Name SVERCHEK, KRISTIN  
Address 185 BERRY STREET  
SUITE 5000  
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.*

**SIGNATURE:** SVERCHEK, KRISTIN

**AUTHORIZED SIGNOR**

**03/06/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name ROBERTS, BRIAN  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title PRESIDENT  
Name ZIMMER, JOHN  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title AUTHORIZED SIGNOR  
Name SVERCHEK, KRISTIN  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title CEO  
Name GREEN, LOGAN  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR  
Name COHEN, ARIEL  
Address 185 BERRY STREET  
SUITE 5000  
City-State-Zip: SAN FRANCISCO CA 94107