#### 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001042

Entity Name: LYFT FLORIDA, INC.

**Current Principal Place of Business:** 

185 BERRY ST. **SUITE 5000** 

SAN FRANCISCO, CA 94107

**FILED** Mar 31, 2017 **Secretary of State** CC2320062476

# **Current Mailing Address:**

185 BERRY ST. **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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT, DIRECTOR	Title	CEO, DIRECTOR
Name	ZIMMER, JOHN	Name	GREEN, LOGAN
Address	185 BERRY ST. SUITE 5000	Address	185 BERRY ST. SUITE 5000

SAN FRANCISCO CA 94107

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

Title CFO, TREASURER Title **SECRETARY** 

SVERCHEK, KRISTIN Name ROBERTS, BRIAN Name

185 BERRY ST. 185 BERRY ST. Address Address

**SUITE 5000 SUITE 5000** 

ASST. SECRETARY Title Title **DIRECTOR** 

Name REAGAN, MATTHEW Name AGGARWAL, SEAN

185 BERRY ST. 185 BERRY ST. Address Address

> **SUITE 5000 SUITE 5000**

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

Title **DIRECTOR** Title **DIRECTOR** Name MIURA-KO, ANN Name HOROWITZ, BEN 185 BERRY ST. 185 BERRY ST. Address Address

**SUITE 5000 SUITE 5000** 

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

#### Continues on page 2

City-State-Zip:

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: MATTHEW REAGAN

Electronic Signature of Signing Officer/Director Detail

SAN FRANCISCO CA 94107

ASSISTANT SECRETARY

03/31/2017

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name MIKITANI, HIROSHI

Address 185 BERRY ST.

SUITE 5000

City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR
Name AMMANN, DAN

Address 185 BERRY ST.

SUITE 5000

City-State-Zip: SAN FRANCISCO CA 94107

Title DIRECTOR

Name CHRISTODORO, JONATHAN

Address 185 BERRY ST.

SUITE 5000

City-State-Zip: SAN FRANCISCO CA 94107