

# 2002 UNIFORM BUSINESS REPORT (UBR)

0025313

DOCUMENT # L01000013433

1. Entity Name  
XIP VALET COMPANY, L.L.C.

FILED

02 APR 26 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

1808 JACKSON BLUFF ROAD

TALLAHASSEE FL 32304

Mailing Address

1808 JACKSON BLUFF ROAD

TALLAHASSEE FL 32304

2. Principal Place of Business

1114 Thomasville Rd Suite R

Suite, Apt. #, etc.

Tallahassee, FL

City & State  
32303

Zip Country

USA

3. Mailing Address

1114 Thomasville Road

Suite, Apt. #, etc.

Suite R

City & State  
Tallahassee, Florida

Zip Country  
32303 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3737049

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNNELL, SCOTT T  
1808 JACKSON BLUFF ROAD  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

Benjamin S. MacFarland III

Street Address (P.O. Box Number is Not Acceptable)

1114 Thomasville Rd. Suite R

City

Tallahassee

FL

Zip Code

32303

8. 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

*Benjamin S. MacFarland III*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

03/22/02

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

200005432212--6  
-05/03/02--01012--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM GUNNELL, SCOTT T ☐ Delete

STREET ADDRESS 1808F JACKSON BLUFF ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE NAME MGRM MACFARLAND, BENJAMIN S 3 ☐ Delete

STREET ADDRESS 1808F JACKSON BLUFF ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

10.

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

*Benjamin S. MacFarland III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/22/02 (S) 580-1947

Date

Daytime Phone #