

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90045 037 ***138.75

DOCUMENT # L07000017136					
1. Entity Name LOST HIGHWAY PARKING AND STORAGE, LLC					
Principal Place of Business 1306 FOREST RIDGE DRIVE HOLLY HILL, FL 32117			Mailing Address 1306 FOREST RIDGE DRIVE HOLLY HILL, FL 32117		
2. Principal Place of Business - No P.O. Box # 1098 N US-1		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-LLC CR2E083 (12/06)	
City & State ORMOND BCH FL.		City & State		4. FEI Number 208453159	
Zip 32174		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRISON, ARCHIE B 1306 FOREST RIDGE DRIVE HOLLY HILL, FL 32117			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRISON, ARCHIE B 1306 FOREST RIDGE DRIVE HOLLY HILL, FL 32117	☐ Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Archie Harrison</i>				1/9/08 386-290-8587	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					