

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90094 007 \*\*\*143.75

60004870



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0749740** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DOCUMENT # L07000052529

1. Entity Name  
SEYBOLD PARKING, LLC.



Principal Place of Business  
15516 BISCAYNE BLVD.  
NORTH MIAMI, FL 33160

Mailing Address  
15516 BISCAYNE BLVD.  
NORTH MIAMI, FL 33160

2. Principal Place of Business - No P.O. Box #  
**34 NE FIRST STREET**

3. Mailing Address  
**170 NE FIRST STREET**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33132** Country  
**US**

Zip  
**33132** Country  
**US**

6. Name and Address of Current Registered Agent  
SCHWARTZ, JAY D  
15516 BISCAYNE BLVD.  
NORTH MIAMI, FL 33160

7. Name and Address of New Registered Agent  
Name  
**MICHAEL MEYERS**  
Street Address (P.O. Box Number is Not Acceptable)  
**170 NE FIRST STREET**  
City  
**MIAMI** FL Zip Code  
**33132**

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 *[Signature]* **MICHAEL MEYERS MEMBER 1/24/08** 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	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JAY D		NAME	MICHAEL MEYERS	
STREET ADDRESS	15516 BISCAYNE BLVD.		STREET ADDRESS	170 NE 1ST STREET	
CITY-ST-ZIP	NORTH MIAMI, FL 33160		CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* **MICHAEL MEYERS MEMBER 1/24/08 305-358-7275** Date Daytime Phone #

14275