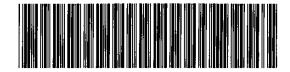
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(Re	equestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE DIVISION OF CORPORATIONS

07 OCT 29 PM 4: 59

1. BRYAN OCT - 2 2007

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALLIED PARIE (Name of Limite	d Didbility Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Michael MEYENS (Name of Person)	·
Allied PARKing, LL	OT OCT
170 NB FIRST 67/6	07 OCT 29 PM 4: 59
(City/State and Zip Code)	<u>132</u> 59
For further information concerning this matter, ple	ease call:
Michael Meyers at ((Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2007

MICHAEL MEYERS ALLIED PARKING, LLC 45 WEST FLAGLER STREET MIAMI, FL 33132

SUBJECT: ALLIED PARKING, LLC.

Ref. Number: L07000052531

DIVISION OF CORPORATIONS
OT OCT 29 PH 4: 59

We have received your document for ALLIED PARKING, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 907A00057494



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2007

MICHAEL MEYERS ALLIED PARKING, LLC 170 NE FIRST STREET MIAMI, FL 33132 2ND ML

SUBJECT: ALLIED PARKING, LLC.

Ref. Number: L07000052531

DIVISION OF 29 PH 4:59

We have received your document for ALLIED PARKING, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 907A00057494

Joey Bryan Regulatory Specialist II

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 o liability company submits the following statement agent, or both, in the State of Florida.	r 608.508, Florida S in order to change i	Statutes, the undersigned its registered office or re	l limited gistered
The name of the limited liability company is:	<i>a</i> .	PARHING, LL	<u>′</u>
2. The mailing address of the limited liability comp	pany is :		7
Mismi P	Londs 77	132	
May 17(07	1.0	70000 5253	!
3. Date of filing registration in Florida	4. Docum	ent number	
5. The name of the registered agent and the register Florida Department of State: Say School	HET I	shown on the records of t	he
15816 BA North 1947	ame SCHYNV Br Idress Hill: FUBST ate and Zip	100 07 0CT	SECRET DIVISION
6. The name and address of the new registered ager	nt and/or office:	29	ARY CCA
Michael	MEYLERS		중유다
MICHAEL Na 176 NB 187	me STROOT		RATIO
Florida street address (1	P.O. Box NOT accep	otable)	SKS
MINNE City, State	FL 33/32 te and Zip	2	
If the limited liability company is not organized un confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the clof the members of the limited liability company or or the operating agreement of the limited liability of	le, the Florida street a be identical. Or, in the hange(s) was/were au	address of the registered of the case of a Florida limite athorized by an affirmative	office ed ve vote
(Signature of member or authorized representative of a member)			
(Printed of typed name of signee)			
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of the control o	nt and agree to act in o the proper and com of my position as regi ed to merely reflect a company has been no	n this capacity. I further in Splete performance of my Stered agent as provided Change in the registered Stifted in writing of this cl	agree to duties, for in office hange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)