## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jul 14, 2008 8:00 am Secretary of State **DOCUMENT # L07000096263** 07-14-2008 90099 028 \*\*\*138.75 PINK PARKING/FLAGLER, LLC Principal Place of Business Mailing Address 45 WEST FLAGLER STREET 45 WEST FLAGLER STREET MIAMI, FL AMIAMI, FL 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 99 GOST FLOQU 60 INAST FLAGIOR ST Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 CR2E083 (12/06) Chg-LLC #1765 City & State City & State 4. FEI Number Applied For 26-1489817 FLOQIDA miam MIBMI Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33130 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRINZMAN, RICHARD N ESQ Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL AVENUE **SUITE 2915** MIAMI, FL 33131% City 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 Significant: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignsture required when reinstating) DATE FILE NOWID FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE TITI F ☐ Change ☐ Addition NAME PARKING SOLUTIONS OF SOUTH FLORIDA, LLC NAME STREET ADDRESS 2022 ALTA MEADOWS LANE SUITE 601 STREET ADDRESS C11Y-51-Z2P DELRAY BEACH, FL 33444 CITY-ST-ZP IIII F **MGRM** Delete TITI F ☐ Change ■ Addition NAME PLS PARKING, LLC NAME STREET ADDRESS 7900 S.W. 134TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RMK PARKING, LLC NAME STREET ADDRESS 1111 BRICKELL AVENUE SUITE 2915 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MALAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ 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.

MANAGING REMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED