

L07000052526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

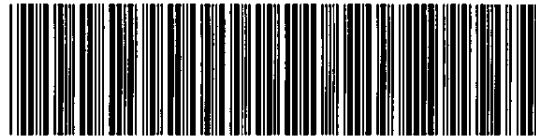
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 18 PM 2:54

I. Hampton OCT 18 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONSOLIDATED PARKING, LLC
(Name of Corporation)

DOCUMENT NUMBER: L07000052526

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

MICHAEL MEYERS
(Name of Contact Person)

CONSOLIDATED PARKING, LLC
(Firm/Company)

170 NE First Street
(Address)

MIAMI, FL 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

MITCH HELFER, CPA at (305) 567-3152
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2007

MICHAEL MEYERS
170 NE FIRST ST
MIAMI, FL 33132

SUBJECT: CONSOLIDATED PARKING, LLC
Ref. Number: L07000052526

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 18 PM 2:16

We have received your document for CONSOLIDATED 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):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 907A00057614

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: CONSOLIDATED PACKING, LLC.
2. The mailing address of the limited liability company is: 170 NE FIRST STREET
MIAMI FLORIDA 33132
3. Date of filing/registration in Florida 5/17/07
4. Document number L07000052526

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JAY SCHWARTZ
Name
15516 BAYSHAW NE BLVD.
Address
NORTH MIAMI FL 33166
City, State and Zip

6. The name and address of the new registered agent and/or office:

MICHAEL MEYERS
Name
170 NE 1ST STREET
Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33132
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

MICHAEL MEYERS
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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

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