

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-30-2008 90094 007 ***143.75

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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 Suite, Apt. #, etc.		3. Mailing Address 170 NE FIRST STREET Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33132	Country US	Zip 33132	Country US
4. FEI Number 26-0749740		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
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 		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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, JAY D 15516 BISCAYNE BLVD. NORTH MIAMI, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL MEYERS 170 NE 1ST STREET MIAMI FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		MICHAEL MEYERS 1/24/08 305-358-7275 Date Daytime Phone #	

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