

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000032951

**Entity Name:** PARKING PROFESSIONALS OF MANATEE, LLC

**Current Principal Place of Business:**

18355 SR 62  
PARRISH, FL 34219

**Current Mailing Address:**

18355 SR 62  
PARRISH, FL 34219

**FEI Number:** 46-5018928

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEBB, KEVIN L  
18355 SR 62  
PARRISH, FL 34219 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                  |                 |                  |
|-----------------|------------------|-----------------|------------------|
| Title           | MGR              | Title           | MGR              |
| Name            | WEBB, KEVIN L    | Name            | DEEN, AMANDA J   |
| Address         | 18355 SR 62      | Address         | 15075 SR 62      |
| City-State-Zip: | PARRISH FL 34219 | City-State-Zip: | PARRISH FL 34219 |

Title AUTHORIZED REPRESENTATIVE  
Name ROSSMAN, LEE  
Address PO BOX 757  
City-State-Zip: EASTPOINT FL 32328

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** W. LEE ROSSMAN

**AUTHORIZED  
REPRESENTATIVE**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date