

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036162

**Entity Name:** COLEKIDS, LLC

**Current Principal Place of Business:**

14224 STROLLER WAY  
WELLINGTON, FL 33414

**Current Mailing Address:**

14224 STROLLER WAY  
WELLINGTON, FL 33414 US

**FEI Number:** 20-3386418

**Certificate of Status Desired:** No

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

ARVITAS, LLC  
111 NE 1ST STREET  
SUITE 309  
MIAMI, FL 33131 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 MGRM  
Name COLEMAN, HARVEY  
Address 14224 STROLLER WAY  
City-State-Zip: WELLINGTON FL 33414

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:** HARVEY A COLEMAN

**MEMBER**

**01/15/2018**

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

\_\_\_\_\_  
Date