

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000034324

Entity Name: COLE MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

6816 S. ENGLEWOOD AVENUE
TAMPA, FL 33611

Current Mailing Address:

PO BOX 10205
TAMPA, FL 33679

FEI Number: 45-0996397

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLE, MONIKA
6816 S. ENGLEWOOD AVENUE
TAMPA, FL 33611 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 COLE, MONIKA
Address PO BOX 10205
City-State-Zip: TAMPA FL 33679

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: MONIKA COLE

MANAGING MEMBER

04/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date