

**2016 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**

**04/28/2016**

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

\_\_\_\_\_  
Date