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: NASIR SHARIF

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 1301 COOLMONT DRIVE, LLC

Current Principal Place of Business:

1950 HOSPITAL VIEW WAY CLERMONT, FL 34711

Current Mailing Address:

1950 CLER

Authorized Person(s) Detail :

FEI N

Name

Electronic Signature of Registered Agent

SHARIF, NASIR 1950 HOSPITAL VIEW WAY CLERMONT, FL 34711 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:

Title	MGR	Title	MGR
Name	AYAS PROPERTY MANAGEMENT, LLC	Name	AYAS PROPERTY MANAGEMENT,LLC
Address	1950 HOSPITAL VIEW WAY	Address	1950 HOSPITAL VIEW WAY
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

ent maining Address:	
HOSPITAL VIEW WAY RMONT, FL 34711 US	
Number: 45-3219942 e and Address of Current Registered Agent:	Certificate of Status Desired: No
o and Addition of Gallon Registered Agenti	

Jan 10, 2014 Secretary of State CC2788899481

Date

FILED

Date

PRESIDENT

01/10/2014

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L11000094940