

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000343844

**Entity Name:** COLE-JENKINS, LLC**Current Principal Place of Business:**5145 ANDREA BLVD  
ORLANDO, FL 32807**Current Mailing Address:**5145 ANDREA BLVD  
ORLANDO, FL 32807**FEI Number:** 87-2683095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLE, DOLORES S  
5145 ANDREA BLVD  
ORLANDO, FL 32807 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
Name	COLE, DOLORES S
Address	5145 ANDREA BLVD
City-State-Zip:	ORLANDO FL 32807

Title	MGR
Name	JENKINS, JOHN V
Address	5145 ANDREA BLVD
City-State-Zip:	ORLANDO FL 32807

Title	MGR
Name	COLE, PHILLIP
Address	5145 ANDREA BOULVD
City-State-Zip:	ORLANDO FL 32807

Title	MRG
Name	JENKINS, CAITLIN
Address	5145 ANDREA BLVD
City-State-Zip:	ORLANDO FL 32807

*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:** DOLORES S COLE**MANAGER****04/26/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date