

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078675

Entity Name: COOL CHANNELSIDE LLC**Current Principal Place of Business:**917 LAKE HOLLINGSWORTH DRIVE
LAKELAND, FL 33803**Current Mailing Address:**917 LAKE HOLLINGSWORTH DRIVE
LAKELAND, FL 33803**FEI Number:** 20-5352385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEE, PAUL B
917 LAKE HOLLINGSWORTH DRIVE
LAKELAND, FL 33803 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 COLEE, PAUL B
Address 917 LAKE HOLLINGSWORTH DRIVE
City-State-Zip: LAKELAND FL 33803

Title MGRM
Name HORENI, JANET T
Address 1610 LAGOON ROAD
City-State-Zip: LAKELAND FL 33803

Title MGR
Name COLEE, CHRISTOPHER A
Address 16344 ASHINGTON PARK DRIVE
City-State-Zip: TAMPA FL 33647

Title MGR
Name PITRE, PAMELA
Address 1455 RIDLEY DRIVE
City-State-Zip: FRANKLIN TN 37064

Title MGR
Name COLEE, SUSAN L
Address 917 LAKE HOLLINGSWORTH DRIVE
City-State-Zip: LAKELAND FL 33803

Title MGR
Name PITRE, SHAWN M
Address 1455 RIDLEY DRIVE
City-State-Zip: FRANKLIN TN 37064

Title MANAGER
Name COLEE, MARA L
Address 16344 ASHINGTON PARK DRIVE
City-State-Zip: TAMPA FL 33647

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: PAUL B. COLEE

MGRM

03/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date