	ONIFORM BUS	INESS REPU	ni (OBN)	· 
DOCUMENT # L0000000564  1. Entity Name COCOA COMMONS, L.L.C.				FILED
	Olviiviolys, L.E.C.			01 APR 10 AM 8: 37
969 MIDLAND AVENUE		Mailing Address 969 MIDLAND AVENUE YONKERS NY 10704		SECRETARY OF STATE TALLAHASSEE, FLORIDA
		- <del></del>	<u>.</u>	
2. Principal Place of Business N we		3. Mailing Address		3 1001/101/ 05/ 405/1/ 201// 004// 005// 005// 005// 005// 005// 005// 005// 005//
Suite, Apt. #, etc.		Suite, Apt. #, etc.	•	DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	_ Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC.			Street Address	(P.O. Box Number is Not Acceptable)
9200 SOUTH DADELAND BLVD,. STE. 508 MIAMI FL 33156				
			City	FL Zip Code
SIGNATURE	named entity submits this statement for signature, typed or printed name of registered agent		registered office or registe	ered agent, or both, in the State of Florida.
		FILE NO	OW!!! FEE IS \$50.00 yable to Department	
9.	, MANAGING MEME	ERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CHY-ST-ZIP		'ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition  8000040368484 -04/20/0101127031  *****50,00 ******50.00
NAME STREET ADDRESS CITY-ST-ZIP	Carl E. Petrillo, N 969 Midland Avenu Yonkers, NY 1070	ıe	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition
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TITLE  NAME STREET ADDRESS CITY-ST-ZIP	र । इ	□ Detete ,	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
indicated	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have t	the same legal effect as if	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the oter 608, Florida Statutes.

SIGNATURE: Carl E. Petrillo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 315.01 Date Daytime Phone #