

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000053969

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** COCORI INTERNATIONAL, LLC

**Current Principal Place of Business:**

12983 VIA CHRISTINA  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

11108 MANDERLY LANE  
WELLINGTON, FL 33467

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BERNAL, MARCO  
11108 MANDERLY LANE  
WELLINGTON, FL 33467 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: MARCO A. BERNAL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BERNAL, MARCO  
Address: 11108 MANDERLY LANE  
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM ( ) Delete  
Name: JAVIER QUIROS RAMOS, DE ANAYA  
Address: 12983 VIA CHRISTINA  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARCO A. BERNAL

MGR

10/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date