## 2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000268086

**Entity Name: COCOLOVE LLC** 

FILED
Apr 25, 2025
Secretary of State
3796353978CC

## **Current Principal Place of Business:**

3407 S MACDILL AVE TAMPA, FL 33629

## **Current Mailing Address:**

3407 S MACDILL AVE TAMPA. FL 33629 US

FEI Number: 84-3649419 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASHMAN, SIMONE ANNA

ASHMAN, SIMONE ANNA 3407 S MACDILL AVE TAMPA, FL 33629 US

Name

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: SIMONE ASHMAN 04/25/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGR Title MANAGER/AUTHORIZED

MEMBER/AUTHORIZED REPRESENTATIVE

Address 3407 S MACDILL AVE Name ASHMAN, GIOVANNI PETER

City-State-Zip: TAMPA FL 33629 Address 3407 S MACDILL AVE

City-State-Zip: TAMPA FL 33629

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: SIMONE ANNA MGR 04/25/2025