

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015144

Entity Name: CORDOVA ARMS, LLC**Current Principal Place of Business:**4303 N. E. FIRST TERRACE
SUITE 2
OAKLAND PARK, FL 33334**Current Mailing Address:**4303 N. E. FIRST TERRACE
SUITE 2
OAKLAND PARK, FL 33334 US**FEI Number:** 65-1073820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOERING, RALPH HIII
4303 N. E. FIRST TERRACE
SUITE 2
OAKLAND PARK, FL 33334 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	DOERING, III, RALPH H
Address	4303 N. E. FIRST TERRACE SUITE 2
City-State-Zip:	OAKLAND PARK FL 33334

Title	MGRM
Name	DOERING, JOHN C
Address	4303 N. E. FIRST TERRACE SUITE 2
City-State-Zip:	OAKLAND PARK FL 33334

Title	MGRM
Name	DOERING, JUDITH C
Address	2832 NE 37TH ST
City-State-Zip:	FT LAUDERDALE FL 33308

Title	MGRM
Name	DOERING, RALPH HJR
Address	2832 NE 37TH ST
City-State-Zip:	FT LAUDERDALE FL 33308

Title	MGRM
Name	CORDOVA MANAGEMENT CORP
Address	4303 N. E. FIRST TERRACE SUITE 2
City-State-Zip:	OAKLAND PARK FL 33334

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: JOHN DOERING**AGENT****04/24/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date