

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000011154

1. Entity Name
CORDOVA ASSOCIATES, L.L.C.



Principal Place of Business
3300 NORTH PACE BLVD
PENSACOLA, FL 32505

Mailing Address
18 CALLE HERMOSA
PENSACOLA, FL 32561



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3670926

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R
24 WEST CHASE ST.
PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

U000000581298

01/10/07-80082-011 50.00

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUSSENBERGER, RAY D
STREET ADDRESS	815 SOUTH PALAFOX PLACE
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	MGRM
NAME	EMLING, CHARLES A III
STREET ADDRESS	815 SOUTH PALAFOX PLACE
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	MGRM
NAME	DURNEY, MATT
STREET ADDRESS	1310 ARIOLA DRIVE
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	MGRM
NAME	DURNEY, MATT
STREET ADDRESS	18 CALLE HERMOSA
CITY-ST-ZIP	PENSACOLA, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/04/07

850-432-9944