

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90200 003 ****50.00

DOCUMENT # L00000011154

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



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

Mailing Address
**1310 ARIOLA DRIVE
PENSACOLA BEACH FL 32501**

2. Principal Place of Business

3. Mailing Address
18 CALLE HERMOSA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PENSACOLA BEACH FL

4. FEI Number **59-3670926**

Applied For
Not Applicable

Zip

Country

Zip
32561

Country
ESCAMBIA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RUSSENBERGER, RAY D
815 SOUTH PALAFOX PLACE
PENSACOLA FL 32501** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
EMLING, CHARLES A III
815 SOUTH PALAFOX PLACE
PENSACOLA FL 32501** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DURNEY, MATT
1310 ARIOLA DRIVE
PENSACOLA BEACH FL 32561** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DURNEY, MATT
18 CALLE HERMOSA
PENSACOLA BEACH FL 32561** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify 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 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]* **REQUIRED**

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

Date

Daytime Phone #

1/6/03 860-432-9944

CR2E083 (10/02)