

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90069 008 \*\*\*138.75

**DOCUMENT # L00000015144**

1. Entity Name

**CORDOVA ARMS, LLC**



Principal Place of Business

**721 NE 3RD AVENUE  
FORT LAUDERDALE FL 33304**

Mailing Address

**721 NE 3RD AVENUE  
FORT LAUDERDALE FL 33304**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

**65-1073820**

Applied For

Not Applicable

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

**DOERING, RALPH H III  
721 NE 3RD AVE  
FORT LAUDERDALE FL 33304**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DOERING, RALPH H III	
STREET ADDRESS	721 SE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DOERING, JOHN	
STREET ADDRESS	721 SE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	MBR	<input type="checkbox"/> Delete
NAME	DOERING, JUDITH C	
STREET ADDRESS	2832 NE 37TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	MBR	<input type="checkbox"/> Delete
NAME	DOERING, RALPH H JR	
STREET ADDRESS	2832 NE 37TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	MBR	<input type="checkbox"/> Delete
NAME	CORDOVA MANAGEMENT CORP	
STREET ADDRESS	721 SE 3RD AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/23/08 (954) 525-0210**

DATE

Daytime Phone #