

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

47. **FILED**
May 27, 2008 8:00 am
Secretary of State

04-28-2008 90055 006 ***138.75

DOCUMENT # L07000109901 1. Entity Name CORDOVA CROSSROADS, LLC					
Principal Place of Business 7332 OFFICE PARK PLACE, SUITE 101 MELBOURNE, FL 32940			Mailing Address 7332 OFFICE PARK PLACE, SUITE 101 MELBOURNE, FL 32940		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BOOKMAN, ALAN B 30 SOUTH SPRING STREET PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 33-1187368	
SIGNATURE _____ Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manager ☐ Delete Myles H. Wilkinson 7332 Office Park Place, Ste. 101 Melbourne, FL 32940		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member ☒ Delete Todd H. Snyder 5120 N. Palafox Street Pensacola, FL 32505		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member ☒ Delete Corey M. Bialow I 60 Wells Avenue Newton, MA 02459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____ Manager 4/23/08 321/951-1500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

5/23/08 per 5/9/08 letter (copy attached)