

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000001811

**Entity Name:** CORDOVA CIGARS, LLC

**Current Principal Place of Business:**

6050 NORTH 9TH AVENUE  
SUITE C  
PENSACOLA, FL 32504

**Current Mailing Address:**

6050 NORTH 9TH AVENUE  
SUITE C  
PENSACOLA, FL 32504

**FEI Number:** 20-4891438

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORTON, ROBERT T  
7101 JOY STREET  
#K1  
PENSACOLA, FL 32504 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           MANAGING MEMBER  
Name           MORTON, ROBERT T  
Address        7101 JOY STREET #K1  
City-State-Zip: PENSACOLA FL 32504

Title           MANAGING MEMBER  
Name           GODWIN, JERRY W  
Address        6050 NORTH 9TH AVE  
                  SUITE C  
City-State-Zip: PENSACOLA FL 32504

Title           MANAGING MEMBER  
Name           MORTON, THOMAS G  
Address        5001 GRANDE DRIVE  
                  1811  
City-State-Zip: PENSACOLA FL 32504

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:** THOMAS G MORTON, JR

**MANAGING PARTNER**

**04/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date