

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000009982

1. Limited Liability Company's Name
PELICAN PERCH, LLC

2021 JUL 15 PM 2:16

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07/13/21--01021--011 **1780.00

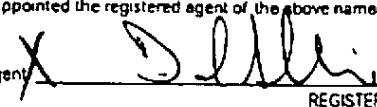
CR2E041(1/14)

2. Principal Office Address - No P.O. Box # 2740 E. OAKLAND PARK BLVD		3. Mailing Office Address SAME	
Suite, Apt. #, etc. SUITE 101		Suite Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State	
Zip 33306	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 02/05/2004	
6. FEI Number 59-3782269	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent		
Name DANIEL SCARAMELLINO		
Street Address (P.O. Box Number is Not Acceptable) Suite 2740 E. OAKLAND PARK BLVD		
Apt. #, Etc. SUITE 101		
City FT LAUDERDALE	State FL	Zip Code 33306

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

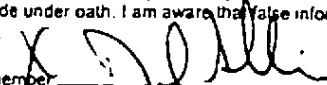
Signature of Registered Agent  Date **5/27/2021**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	DANIEL SCARAMELLINO	2740 E. OAKLAND PARK BLVD #101	FT LAUDERDALE, FL 33306

11. E-mail Address **danscaramellino@gmail.com**
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member  Date **05/27/2021** Daytime Phone # **561-261-2255**

Typed or printed name of signing authorized representative/member **DANIEL SCARAMELLINO**