# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023795

Entity Name: CORNERSTONE PELICAN COVE, L.L.C.

#### **Current Principal Place of Business:**

2100 HOLLYWOOD BLVD. HOLLYWOOD. FL 33020-6706

# **Current Mailing Address:**

2100 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020-6706

# FEI Number: 26-2244913

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND ST STE 2900 MIAMI, FL 33131 US

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

| Title           | MGRM                                     | Title           | MGRM                     |  |
|-----------------|--|-----------------|--------------------------|--|
| Name            | JL HOLDING CORP.                         | Name            | M3 ASSETS, L.L.C.        |  |
| Address         | 2100 HOLLYWOOD BOULEVARD                 | Address         | 2100 HOLLYWOOD BOULEVARD |  |
| City-State-Zip: | HOLLYWOOD FL 33020                       | City-State-Zip: | HOLLYWOOD FL 33020       |  |
| Title           | MGRM                                     |                 |                          |  |
| Name            | M.S. MADES FAMILY LIMITED<br>PARTNERSHIP |                 |                          |  |
| Address         | 2100 HOLLYWOOD BOULEVARD                 |                 |                          |  |
| City-State-Zip: | HOLLYWOOD FL 33020                       |                 |                          |  |

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: LEON J WOLFE MGR |  |
|-----------------------------|--|
|-----------------------------|--|

Electronic Signature of Signing Authorized Person(s) Detail

04/30/2021 Date

Date

# FILED Apr 30, 2021 Secretary of State 0475346432CC