

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009812

1. Entity Name
PELICAN SUNSET, L.L.C.

Principal Place of Business
7836-A LEXINGTON CLUB BLVD.
DELRAY BEACH FL 33446

Mailing Address
7836-A LEXINGTON CLUB BLVD.
DELRAY BEACH FL 33446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

APPLIED FOR

Not Applicable

Zip

Country

Zip

Country

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

MARGULIS, LYNNE
7836-A LEXINGTON CLUB BLVD.
DELRAY BEACH FL 33446

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.

SIGNATURE LYNNE MARGULIS
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR MARGULIS, LYNNE 7836-A LEXINGTON CLUB BLVD. DELRAY BEACH FL 33446 MEMBER

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ROBERTA GOULD 6585 AULISON RD MIAMI BEACH, FL 33146

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING MEMBER

TITLE NAME STREET ADDRESS CITY-ST-ZIP
900003994289--2
-04/12/01--01064--015
*****50.00 *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 exemption stated in Section 119.07(3)(i), 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: ROBERTA GOULD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/29/01 305 865 4636

CR2E083 (11/00)