

**\* Amended \***  
**LIMITED LIABILITY COMPANY**  
**UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
 AND  
 FILED

02 JUN -4 PM 2:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **LC100006309**

1. Entity Name

**Pelican Plaza, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Pelican Plaza**

3. Mailing Address

**88005 Overseas Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**86701 Overseas Hwy**

**PMB 10-162**

City & State

City & State

**Islamorada**

**ISLAMORADA**

Zip

Country

Zip

Country

**33036**

**Monroe**

**33036**

**Monroe**

4. FEI Number

**65-1141970**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Earnie L. Gardner**

Street Address (P.O. Box Number is Not Acceptable)

**158 Milano Dr. Venetian Shores**

City

**Islamorada**

**FL**

Zip Code

**33036**

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

**Earnie L. Gardner** *Managing Member*

**6/3/02**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
 DUE BY MAY 1**

**100005695661--7**

**-06/07/02--01008--003**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE **~~Owner~~ MGRM**  
 NAME **Earnie L. Gardner**  
 STREET ADDRESS **158 Milano Dr. Venetian Shores**  
 CITY-ST-ZIP **Islamorada, Fl. 33036**

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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: **Earnie L. Gardner** *Managing Member* **6/3/02** **517-4340**

CR2E083B (12/01)