

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-31-2003 90003 044 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000003898

1. Entity Name

PELICAN BROTHERS, LLC



55025236

Principal Place of Business

11370 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

Mailing Address

11370 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Subs, Apt. #, etc.

Subs, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3612141

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KUSS, DAVID N
11370 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

NOTE: Registered Agent Signature required when verified

DATE

David N. Kuuss

3/18/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAUSS, DAVID N 11370 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUSCHEN, LAWRENCE F 11370 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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)(f), 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 this receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

David N. Kuuss
DAVID N. KAUSS

3/18/03

561-632-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

CR12003 (9-02)