

**2005 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90081 036 ****50.00

DOCUMENT # L03000005537

1. Entity Name
VIA PELICANO LLC



Principal Place of Business
800 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

Mailing Address
800 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401



04262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3740144

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARSENANT, GERARD
800 N FLAGLER DRIVE
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARSENUALT, GERARD
STREET ADDRESS	800 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	MGR
NAME	HAMILTON, HARRY & LEE
STREET ADDRESS	800 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	MGR
NAME	LEVY, MEL Levy, mel
STREET ADDRESS	800 N FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

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

Gerard Arsenault

4/27/05

Date

(561) 655-3813

Daytime Phone #