

LO40000055796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

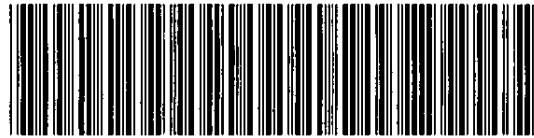
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LS

Office Use Only



900112522609

11/27/07--01032--004 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 NOV 27 PM 1:53

11/29  
FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PELICAN REST, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NANCY PEMBROKE

(Contact Person)

WILLIAM G. PEMBROKE, CPA, P.A.

(Firm/Company)

8517 SOUTH U.S. HIGHWAY 1

(Address)

PORT ST. LUCIE FL 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

NANCY PEMBROKE

(Name of Contact Person)

at ( 772 ) 336-3331

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

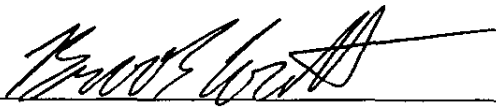
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PELICAN REST, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L04000055196

4. I, BROOK LOVATT, hereby resign as a MANAGING MEMBER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 11/26/07

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
2007 NOV 27 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA