


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90197 020 ****50.00

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|--|---|--|---|---|--|
| DOCUMENT # L04000065257 1. Entity Name PENSACOLA PELICAN, LLC | | | |  | |
| Principal Place of Business 2909 BOONE DRIVE LAGO VISTA, TX 78645 | | | Mailing Address 20440 DONOVAN DR SEMINOLE, AL 36574 | | |
| 2. Principal Place of Business - No P.O. Box # 20440 Donovan Dr | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Seminole AL | | City & State Suite, Apt. #, etc. | | | |
| Zip 36574 | | Country Baldwin | | 4. FEI Number 35-2236949 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HOSMAN, JOHN D O'SULLIVAN CREEL, LLP; 316 S. BAYLEN ST. PENSACOLA, FL 32502 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM A & D HOLDINGS, LLC 20440 DONOVAN DR SEMINOLE, AL 36574 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Angia L. Hosman</u> | | | Date <u>1-31-07</u> Daytime Phone # <u>251-946-2446</u> | | |