

L05000044860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

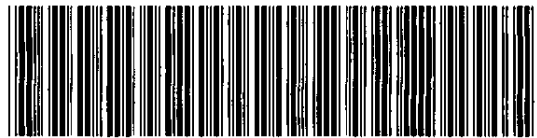
(Business Entity Name)

(Document Number)

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09 JUN 15 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 16 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2009

CHERYL A. JUSTIN
171 SULLY'S TRAIL SUITE 201
PITTSFORD, NY 14534

SUBJECT: PELICAN LEASING, LLC
Ref. Number: L05000044860

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TALLAHASSEE, FLORIDA

We have received your document for PELICAN LEASING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 509A00008240



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2009

PELICAN LEASING, LLC
2808 NE 25TH STREET
FT. LAUDERDALE, FL 33305

SUBJECT: PELICAN LEASING, LLC
Ref. Number: L05000044860

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TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 909A00017931

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelican ~~Group~~ Leasing ^{Group} LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Billitier
(Name of Person)

(Firm/Company)

2808 NE 25 St
(Address)

Ft. Lauderdale, FL 33305
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Billitier at (954) 873-3841
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pelican Leasing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/11/05 and assigned
Florida document number L05000044860.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Pelican Leasing Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2808 NE 25th Street

(Principal office address MUST BE A STREET ADDRESS)

Ft. Lauderdale, FL 33305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

, Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

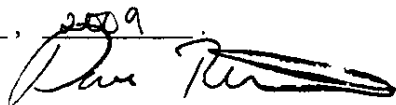
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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09 JUN 15 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated February 12th, 2009



Signature of a member or authorized representative of a member

David Billitier

Typed or printed name of signee