

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000115827

FILED
Aug 13, 2008
Secretary of State

Entity Name: PELICAN ENTERPRISES, LLC

Current Principal Place of Business:

340 ROYAL POINCIANA WAY
STE. 317, PMB #305
PALM BEACH, FL 33480

New Principal Place of Business:

220 ORANGE GROVE ROAD
PALM BEACH, FL 33480

Current Mailing Address:

340 ROYAL POINCIANA WAY
STE. 317, PMB #305
PALM BEACH, FL 33480

New Mailing Address:

PO BOX 2393
PALM BEACH, FL 33480

FEI Number: 20-3885421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, LESLIE R
214 BRAZILIAN AVENUE
SUITE 200
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LESLIE R EVANS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MARTIN, CYNTHIA L
Address: 340 ROYAL POINCIANA WAY, STE. 317, PMB 305
City-St-Zip: PALM BEACH, FL 33480

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARTIN, CYNTHIA L
Address: 220 ORANGE GROVE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: MGR () Change (X) Addition
Name: MARTIN, CAROLE L
Address: 220 ORANGE GROVE ROAD
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CYNTHIA L MARTIN

MGR

08/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date