

106000053649

(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:

Office Use Only



800113228748

12/21/07--01011--015 \*\*25.00

FILED

07 DEC 21 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

At Thomas DEC 24 2007

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHANGE REGISTERED AGENT  
ARTICLES OF DISSOLUTION  
(Name of Limited Liability Company)  
PELICAN ESTATE, LLC

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BONNIE WALTERS  
(Name of Person)

PELICAN ESTATE, LLC  
(Firm/Company)

9030 SHARON DRIVE  
(Address)

NEW PORT RICHEY, FL 34654  
(City/State and Zip Code)

FILED  
07 DEC 21 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BONNIE WALTERS at (727) 967-5118  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: PELICAN ESTATE, LLC.
2. The mailing address of the limited liability company is : \_\_\_\_\_  
7027 US HWY 19, NEW PORT RICHEY, FL 34652.  
5/22/2006 L06000053649
3. Date of filing/registration in Florida
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BONNIE WALTERS  
Name  
7027 US HWY 19  
Address  
NEW PORT RICHEY, FL 34652  
City, State and Zip

6. The name and address of the new registered agent and/or office:

BONNIE WALTERS  
Name  
9030 SHARON DRIVE  
Florida street address (P.O. Box NOT acceptable)  
NEW PORT RICHEY FL 34654  
City, State and Zip

FILED  
07 DEC 21 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bonnie Walters  
(Signature of a member or authorized representative of a member)

BONNIE WALTERS  
(Printed or typed name of signee)

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.

Bonnie Walters  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00