

LOB 000116249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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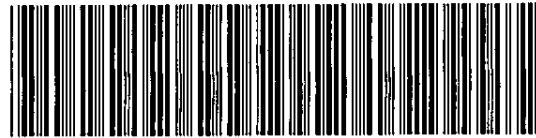
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

APR 23 2012

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PELICAN MANAGEMENT SERVICE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000116249

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susie Kenerson
Name of Person

Kramer, Sopko & Levenstein, PA
Name of Firm/Company

2300 SE Monterey Road, Suite 100
Address

Stuart, FL 34996
City/State and Zip Code

skenerson@kslattorneys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susie Kenerson at (772) 288-0048
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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

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TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

David Steinfeld, Esq.

Name of Registered Agent

, hereby resigns as

Registered Agent for PELICAN MANAGEMENT SERVICE, LLC

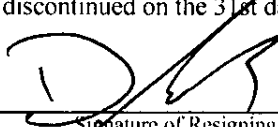
Name of Limited Liability Company

L06000116249

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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