2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 DEC -9 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000085471

1. Entity Name
PELICAN MARINE PRODUCTS, LLC

Principal Place of Business	Mailing Address
110 SE 2ND AVE CRYSTAL RIVER, FL 34429	110 SE 2ND AVE CRYSTAL RIVER, FL 34429

12012008 Chg-LLC CR2E083 (12/08)

2. Principal Place of Business - No P O Box #		3. Mailing Address	
2401 NE 18th Place,		2401 NE 18th Place,	
Suite, Apt #, etc: Suite B		Suite Apt # etc: Suite B	
City & State: Ocala, Florida		City & State: Ocala, Florida	
Zip: 34470-4733	Country: USA	Zip: 34470-4733	Country: USA

4. FEI Number: 26-0783871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCORMICK, JOHN M 110 SE 2ND AVE CRYSTAL RIVER, FL 34429	Name: Street Address (P O Box Number is Not Acceptable): City: FL Zip Code:

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: John M. McCormick
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORMICK, JOHN M 110 SE 2ND AVE CRYSTAL RIVER, FL 34429	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400138746454 12/09/08--01027--017 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCORMICK, JOHN A 110 SE 2ND AVE CRYSTAL RIVER, FL 34429	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: John M. McCormick 12-2-08 352-266-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #