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(Re	equestor's Name)	·			
(Ac	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
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D. BRUCE

DEC 10 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Pink Pelicans, LLC			
(Name of Limited Liability C	company)		
The enclosed member, managing member or manager resfiling.	signation and fee(s) are submitted for		
Please return all correspondence concerning this matter to	o:		
David Schweiger			
(Contact Person)			
	09 DEC -9 SECRETARY TALLAHASSE		
(Firm/Company)			
2511 2nd Ave S			
(Address)			
Saint Petersburg, Florida 33712	PM 12: 46 OF STATE FLORIDA		
(City/State and Zip Code)			
For further information concerning this matter, please cal	11:		
David Schweger at (727	565-5637		
(Name of Contact Person) (Area Coo	de & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida \$25 Filing Fee	\$55 Filing Fee &		
	Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as k Pelicans, LLC	it appears on the records	s of the Florida Dep	ertment
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida docu L09000086	nment/registration number of 8810	this limited liability cor	npany is:	
4. I, David Sch	weiger	, hereby resign as a	Manager (Print Title)	
of this limited liab resignation in wri	oility company and affirm the	e limited liability compa	ny has been notified	d of my
	\$25.00 (Required) \$30.00 (Optional)		RY OF STATI SEE. FLORI	