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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

NOV 03 2015  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PELICAN PROPERTIES & INVESTMENTS LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

David Rodrigues CPA

(Contact Person)

David Rodrigues CPA PA

(Firm/Company)

101 N Missouri Ave

(Address)

Clearwater, FL 33755

(City/State and Zip Code)

For further information concerning this matter, please call:

David Rodrigues CPA

at ( 727 ) 439-0089

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$25 Filing Fee & Certified Copy

**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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PELICAN PROPERTIES & INVESTMENTS LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L12000072428
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept. 10, 2015
4. I, TUSHAR SHARMA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGRM  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

TUSHAR SHARMA MD.

Filing Fee: \$75.00 (Required)  
Certified Copy: \$30.00 (Optional)

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