

LIS 0000 49757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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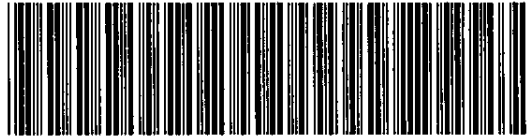
(Business Entity Name)

(Document Number)

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FILED  
15 MAY -1 PM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED MAY 07 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pelican Capital Management LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert F. Logan Jr

Name of Person

Pelican Capital Management LLC

Firm/Company

25 Seir Hill Rd

Address

Norwalk, CT 06853

City/State and Zip Code

rloganct@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Gould

Name of Person

203

Area Code

504-2560 x 3

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      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Pelican Capital Management LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000049757

**THIRD:** Document to be corrected is:  
Officer's Middle Initial should be "F"

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The middle initial of the officer is incorrectly submitted as "Robert M Logan."

This was a filing error, and the correct middle initial is "F"

The suffix on his name, "Jr" also needs to be added.

The full correct name to be filed for officer is "Robert F Logan Jr"

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA

4/14/15