L23000443855

(R	Requestor's Name)	
	Address)	
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(A	Address)	
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(C	City/State/Zip/Phon	e #)
☐ bick-fib	☐ WAIT	☐ MAIL
	Business Entity Na	me)
(ε	domess Emily Ha	inic)
(D	Ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: PELICAN FABI (Name of Limit	RICATION LLC
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	his matter to:
LUKE WALTON (Contact Person)	
(Contact Person)	
PELICAN FABRICATION	<u></u>
(Firm/Company)	
22864 BLUEGILL LI	J
(Address)	
CUDJOE KEY, FL 330 (City/State and Zip Code)	942
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
LUKE WALTON	at (305) 395 · 2065 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
☐ \$25 Filing Fee	\$\$55 Filing Fee & Certified Copy
_	
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 t	he Florida !	Depart	ment
of State is: PELICAN FABRICATION LLC			
2. The Florida document/registration number assigned to this limited liability	y company	is:	
L 23000443855	,	,	
3. The date this member/manager withdrew/resigned or will withdraw/resign	n is: 7//	3/2	<u>01</u> 4
4. I, FERRY (7/BSON), hereby withdraw/resign (Print Name of Person Resigning)	n as a		
AUTHORIZED MEMBER (Print Title)			
of this limited liability company and affirm the limited liability company h resignation in writing.	as been not	ified o	f my
Mas follow	ĬŇĹ	202,	
Signature of Dissociating Member or Resigning Manager	LLAHASS	1024 JUL 22	77
offing Pear S25.00 (Required) Ceremol Cupy: Si 0.00 (Optionic)	ASSEE, FLORI	. 22 AM 8: 1	F M D