

M0800000 1227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

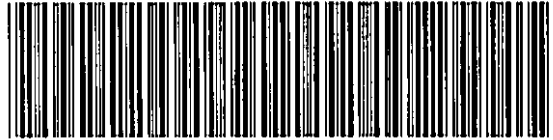
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200319745932

12/26/18--01020--019 \*\*25.00

FILED  
2018 DEC 26 PM 4:17  
TALLAHASSEE, FLORIDA

JAN 08 2019  
T. LEMIEUX



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2018

PELICAN PEST PREVENTION OF FLORIDA, LLC  
4720 JONES CREEK ROAD  
BATON ROUGE, LA 70817

SUBJECT: PELICAN PEST PREVENTION OF FLORIDA, LLC  
Ref. Number: M08000001227

It has been called to our attention that the above named entity has designated MICHAEL R. COHN as Registered Agent with an incorrect registered office.

We are asking you to file a change of registered office address with office to correct the filing error. The registered office must have a Florida street address.

Please complete the enclosed Statement of Registered Office or Registered Agent form. Return the completed form and appropriate fee to my personal and confidential attention. The address is listed below.

This letter is to be considered your 60 day notice that your entity will be subject to administrative dissolution or revocation if this error is not corrected by January 2, 2019.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 218A00022663

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pelican Pest Prevention of Florida, LLC

Name of Limited-Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Hebert for Michael Cohn

Name of Person

Pelican Pest Prevention of Florida, LLC

Firm/Company

4020 Kidron Rd # 8

Address

Lakeland, FL 33811

City/State and Zip Code

Stephanie@arrowterm.treatment.com

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

For further information concerning this matter, please call:

Stephanie Hebert

Name of Person

at ( 800 ) 809-2936

Area Code & 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

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Pelican Pest Prevention of Florida, LLC

2. (a) 4020 Kidron Rd #8

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Lakeland, FL 33811

(b) 4020 Kidron Rd #8

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Lakeland, FL 33811

3. Date of filing/registration in Florida

4.

Document number

M09000001227

5. (a) Michael Cohn  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4020 Kidron Rd #8

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lakeland, FL 33811

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4020 Kidron Rd #8

NEW Registered Office Address:

Lakeland, FL 33811

FILED  
2010 DEC 26 P 4:17  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Michael Cohn  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent