

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000156290

**Entity Name:** PELICAN POINT SEAFOOD OF TARPON SPRINGS, LLC

**Current Principal Place of Business:**

933 DODECANESE BLVD  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

933 DODECANESE BLVD  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 46-1581703

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOLLINKA, DAVID JESQ  
1835 HEALTH CARE DRIVE  
TRINITY, FL 34655 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RUSSELL, JULIE ATRUSTEE  
Address 616 ISLAND DRIVE  
City-State-Zip: TARPON SPRINGS FL 34689

Title MGMR  
Name RUSSELL, JOHN CTRUSTEE  
Address 616 ISLAND DRIVE  
City-State-Zip: TARPON SPRINGS FL 34689

Title MGRM  
Name TUNSTALL, JACQUELYN R  
Address 933 DOCECANESE BLVD  
City-State-Zip: TARPON SPRINGS FL 34689

Title MGRM  
Name REIS, STEVEN  
Address 933 DODECANESE BLVD  
City-State-Zip: TARPON SPRINGS FL 34689

Title MGRM  
Name WIRTZ, AMY  
Address 933 DODECANESE BLVD  
City-State-Zip: TARPON SPRINGS FL 34689

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JULIE ANN RUSSELL

**PRESIDENT**

**01/19/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date