

✓/ **L11000086752**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

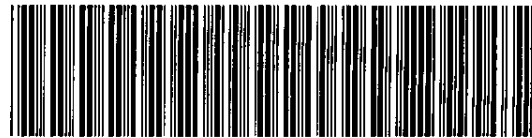
(Business Entity Name)

(Document Number)

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11 NOV - 6 PM 2:26
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 4 - 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A D LONG, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Long

Name of Person

Round Robin

Firm/Company

518 Kingsley Ave

Address

Orange Park, FL 32073

City/State and Zip Code

andrew.long@live.com

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

For further information concerning this matter, please call:

Andrew Long

Name of Person

at (904)

264-6511

Area Code & Daytime Telephone Number

11 NOV -3 PM 2:26
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

A D Long, LLC

(A Florida Limited Liability Company)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
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_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

STATE OF FLORIDA

11 NOV -3 PM 2:25

FILED

Dated _____, _____.

Signature of a member or authorized representative of a member

Andrew G. Long

Typed or printed name of signee