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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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17 AUG 31 AM 11:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

SEP 01 2017

Y SULNER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERCOASTAL SEAWALLS, 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:

DOLI A DAVY

\_\_\_\_\_  
Name of Person

DAVY'S ACCOUNTING SERVICES, INC.

\_\_\_\_\_  
Firm/Company

5321 1ST AVE S

\_\_\_\_\_  
Address

ST PETERSBURG, FL 33707

\_\_\_\_\_  
City/State and Zip Code

DOLI@DAVYSAACCOUNTING.COM

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

For further information concerning this matter, please call:

DOLI A DAVY

727

520-1980

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

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

## Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRYAN BURGE	6020 3RD AVE N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33710	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-11-2011 BY 60321  
AUC/31

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

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 114145ZEE FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST, 21ST 2017

Signature of a member or authorized representative of a member

SEAN M DOCKERTY

Typed or printed name of signee