

L1700042931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

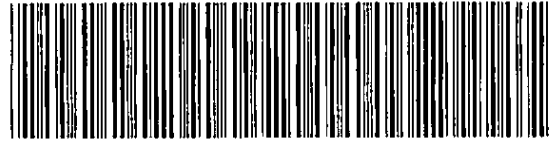
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2024 SEP 13 AM 10:19

FILED

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2024 SEP 13 AM 10:23

AB

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Furlong 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:

Elizabeth Coney

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

A Tax Service

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

3704 US Hwy 301 N suite 3

\_\_\_\_\_  
Address

Ellenton, FL 34222

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

Elizabeth@ellentons.com

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

For further information concerning this matter, please call:

Michael Furlong

941 416-6073  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2/27/2017  
SECRETARY OF STATE  
TALLAHASSEE, FL

**If Changing Registered Agent, Signature of New Registered Agent**

| Title | Name          | Address  | Type of Action   |
|-------|---------------|--|--|
| AMBR  | Aaron Lessard | 702 51ST STREET APT 1114B<br>BRADENTON, FL 34208 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|       |               |  | <input type="checkbox"/> Change  |
|       |               | .  | <input type="checkbox"/> Add   |
|       |               |  | <input type="checkbox"/> Remove  |
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[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**