

L240000418019

(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



600439187746

11/08/24--01012--015 **25.00

2024 NOV 8 AM 8:24
401 J. ...

DEC 07

S. PRATHER

COVER LETTER

Registration Section
Division of Corporations

Sheanu, LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Sean Sheehan

Name of Person

Sheanu, LLC

Firm/Company

65 Woodberry Road

Address

Deer Park, IL 60010

City/State and Zip Code

irish5120@gmail.com

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

For further information concerning this matter, please call:

Sean Sheehan

215 692-3569

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

2024 NOV - 8 AM 8:24
ALL POSTS: 0 points

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

R = Manager
BR = Authorized Member

BR = Authorized Member

[illegible]

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

The address 890 A1A Beach Blvd, Saint Augustine Beach, FL 32080 needs to include the unit number 72

Sheanu, LLC

890 A1A Beach Blvd.

Unit 72

Saint Augustine Beach, FL 32080

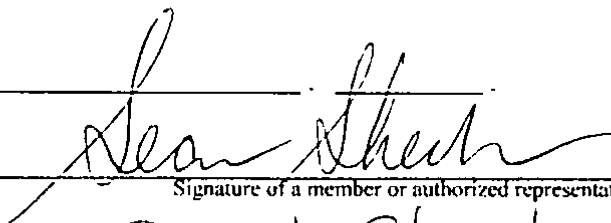
Effective date, if other than the date of filing: _____ (optional)

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.

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 document is filed.

ated _____



Signature of a member or authorized representative of a member

SEAN Sheehan

Typed or printed name of signee

Filing Fee: \$25.00

2024 NOV 8 AM 8:24
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED