

L17 0000 64610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

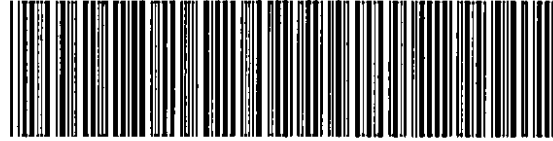
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/23/19--01033--015 \*\*25.00

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R. WHITE  
NOV 13 2019

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tractor Diesel Industries 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:

Katerina Cedeno Caballeros  
Name of Person

Firm/Company

2509 St. Augustine Boulevard  
Address

Haines City, FL 33844  
City/State and Zip Code

mcedeno@tracto-diesel.com.ec  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yaskaira Cruz Columna at ( 407 ) 507-2686  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2019

KATERINA CEDENO CABALLEROS  
2509 ST. AUGUSTINE BLVD  
HAINES CITY, FL 33844

SUBJECT: TRACTOR DIESEL INDUSTRIES, LLC  
Ref. Number: L17000064610

We have received your document for TRACTOR DIESEL INDUSTRIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 719A00020754

2019 OCT 12 PM 2:05



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	Katerina Cedeno Caballeros	7 N Vernon Ave	<input type="checkbox"/> Add
		Kissimmee, FL 34741	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Katerina M Cedeno Caballero	2509 St. Augustine Boulevard	<input checked="" type="checkbox"/> Add
		Haines City, FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

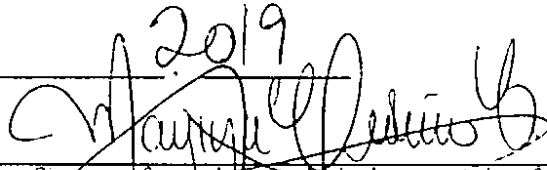
E. Effective date, if other than the date of filing: 9/18/2019 (optional)

(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 09-18

2019  


Signature of a member or authorized representative of a member

Katerina Mayiys Coseno Caballero

Typed or printed name of signee