

L040 DDD 78888

(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



000045296650

01/26/05--01029--002 \*\*25.00

FILED

05 JAN 26 PM 4:10

STATE  
TALLAHASSEE, FLORIDA

5022  
2-2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STEVE'S TRACTOR SERVICE LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing. (RESIGNATION OF MEMBER)  
Please return all correspondence concerning this matter to the following:

LE P. SORENSON  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5627 SE MAJOR WAY  
(Address)

STUART, FL 34997  
(City/State and Zip Code)

For further information concerning this matter, please call:

LE P. SORENSON at (772) 286-3918  
(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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JAN 26 PM 4:10

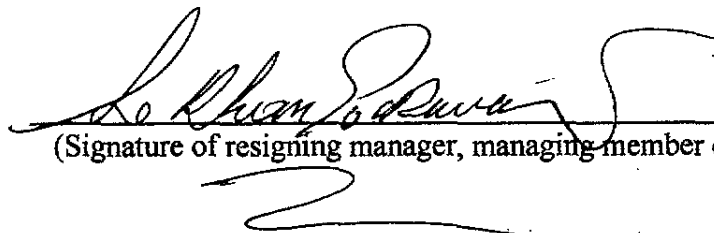
FILED

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, LE P. SORENSON, hereby resign as MEMBER  
(Title)  
of STEVE'S TRACTOR SERVICE LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.

  
(Signature of resigning manager, managing member or member) 1-22-05

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
05 JAN 26 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA