

L10000 12/19/44

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

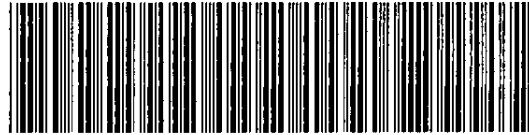
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 14 2011

EXAMINER

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LORENTZ TRUCKING 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:

AL LORENTZ  
Name of Person  
LORENTZ TRUCKING LLC  
Firm/Company  
426 SW 45 ST  
Address  
CAPE CORAL FL 33914  
City/State and Zip Code  
ALLORENTZ@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

ALLORENTZ02  
@COMCAST.NET

For further information concerning this matter, please call:

AL LORENTZ at 239 910-3028  
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

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11 FEB 11 PM 1:11  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

LORENTZ TRUCKING LLC

The Articles of Organization for this Limited Liability Company were filed on 11-24-2010 and assigned Florida document number L10000121944

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

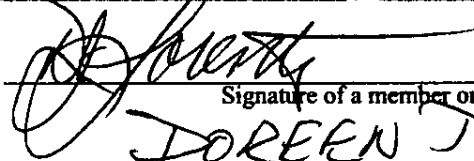
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DOREEN LORENTZ	426 SW 45 ST CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

Feb 8, 2011



Signature of a member or authorized representative of a member

DOREEN J LORENTZ

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB 11 PM 11

FILED