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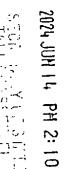
| (Re | equestor's Name) | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Tracy'S tractor and hawn Service, LLC (Name of Limited Liability Company) |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to. |
| Tracy hendershot (Contact Person) |
| Tracy's tractor and Lawn Service LLC |
| 424 Wentel Ave tothica |
| Lithia FL 35547 (City/State and Ap Code) |
| For further information concerning this matter, please call: |
| Tracy hender(Shot at (813) 422-07/0 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the | limited liability company as it | appears on the reco | ords of the | e Florida | і Depa | irtment |
|--|---|----------------------|-------------|---------------|----------------|------------|
| of State is: | acy's tractor | and Lu | wh | Servi | <u> </u> | SIC |
| 2. The Florida doc | ument/registration number assi | gned to this limited | liability o | compan | y is: | |
| L19000 | 2325/4 | | | | | |
| 3. The date this me | ember/manager withdrew/resign | ned or will withdray | v/resign i | s: <u>le/</u> | [1][z | <u>024</u> |
| 4.1. / rody // | et Seil Shot- ame of Person Resigning) | , hereby withdra | w/resign : | as a | , | |
| aunen/ | Manger Print Tule | | | | | |
| of this limited lia resignation in wr | bility company and affirm the liting. | imited liability con | ipany has | s been ne | otified | of my |
| (Ind | | | | | • | |
| Signature of Di | issociating Member or Resignii | ng Manager | | | 7024 | |
| | | | | | KU I | |
| Filing Fee: | \$25,00 (Required) | | | | ŧ | - |
| - | \$30.00 (Optional) | | | .73 | _ | |
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