133166

(Requ	estor's Name)
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Pho	ne #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Na	ame)
(Document)	ment Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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Of/Rid Resign

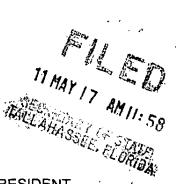


15- 26-11

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: AMERICAN TOWING, INC.
	(Name of Corporation)
DOC	CUMENT NUMBER: V33166
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
ELI	ZABETH CARVAJAL
	(Name of Person)
AM	ERICAN TOWING, INC.
	(Name of Firm/Company)
918	0 NW 119 ST, SUITE 10
	(Address)
HIA	LEAH GARDENS, FL 33018
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
ELIZ	(Name of Person) at (305) 558-8080 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifte 2661	Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as(Title)
tion)
oration organized under the laws of the State of
Carrajal f resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314