

F24000005293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

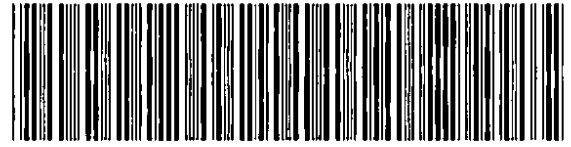
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE



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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Superior Towing & Recovery, Inc./Superior Towing, Inc.
Name of Corporation

DOCUMENT NUMBER: F24000005293

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Phillips

Name of Contact Person

Phillips & Stahl

Firm/Company

116 S Monroe St

Address

Tallahassee, FL 32301

City/State and Zip Code

kphillips@fuba.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Phillips

Name of Contact Person

at (8506816265)

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mark Kehoski, hereby resign as Secretary
(Title)

of Superior Towing & Recovery, Inc.
(Name of Corporation)

E24000005293, a corporation organized under the laws of the State of
(Document Number, if known)

Illinois

MDK
(Signature of 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