N09000009755

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
-		

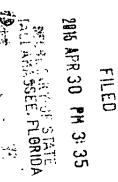
Office Use Only



900272433119

Mesignation of Typicer

04/30/15--01025--006 **35.00



180R 5/6/15

TRANSMITTAL LETTER

SUBJECT: Florida Independant Towing and Recovery Foundation, Inc. (Name of Corporation) DOCUMENT NUMBER: NO90000 9755
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tohn Bokowski. (Name of Person)
(Name of Firm/Company)
30 DicsAL LANE (Address)
Holyoke MA. 01040 (City/State and Zip Code)
For further information concerning this matter, please call:
John Bollowski at (413 575 9333 (Name of Person) at (Area Code & Daytime Telephone Number)

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

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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION FILED

2015 APR 30 PM 3: 35

I. John Bonowski	, hereby sign as Messical (Title)
of Florida In depladan	TTOWINGARD Recovery Foundation, IN
No 9 00000 9 755 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

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