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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
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- 4. _____
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- Walk in Pick up time _____
- Mail out Will wait Photocopy Certified Copy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A. (Officer/Director)
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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SECRETARY OF STATE
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Examiner's Initials

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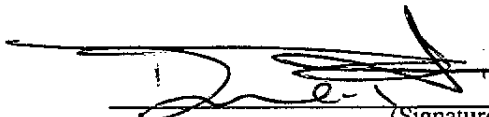
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
OFFICER / DIRECTOR RESIGNATION

I, DARREN O. PETERS, hereby resign as President/Director
(Title)

of EMERALD TOWING AND RECOVERY INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)
DARREN O. PETERS

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

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