

P01000121597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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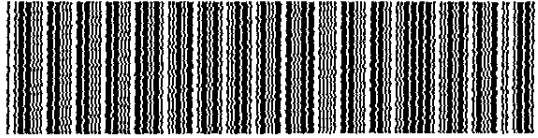
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Duval Repair & Towing, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO1000121597

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Moffo
(Name of Person)

Duval Repair & Towing, Inc
(Name of Firm/Company)

1435 W. Church St unit #5
(Address)

Jacksonville, FL 32204
(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Moffo at (904) 355-0876
(Name of Person) (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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Wallman & Otto, hereby resign as President
(Title)

of Duval Repair & Towing, Inc.
(Name of Corporation)

PO1000121597, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Wallman & Otto

(Signature of resigning officer/director)

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TALLAHASSEE, 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