

PO20000045602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

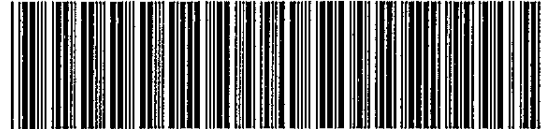
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04 DEC 16 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/16/04 --01018--002 \*\*35.00

1/12/05

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Toucan Towing and Recovery INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PD2000045602

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

Please return all correspondence concerning this matter to the following:

Maria Morgado  
(Name of Person)

Toucan Towing and Recovery INC.  
(Name of Firm/Company)

130 NW SPANISH RIVER BLVD.  
(Address)

BOCA RATON, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy Morgado at ( 561 ) 496-4650  
(Name of Person) (Area Code & Daytime Telephone Number)

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

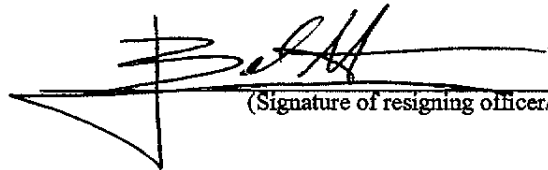
**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
04 DEC 16 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Maria Morgado, hereby resign as Secretary  
(Title)  
of Toncan Towing and Recovery Inc.  
(Name of Corporation)  
PO2000045602, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(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