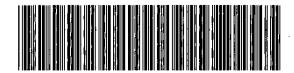
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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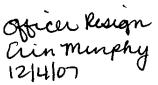


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COVER LETTER

SUBJECT: FLORIDA'S FINEST TOWING & RECOVERY, INC. (Name of Corporation) P 05000107619 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN J. MORAN (Name of Person) FLORIDA'S FINEST TOWING & RECOVERY, INC. (Name of Firm/Company) 14151 SW 26 STREET (Address) **DAVIE, FLORIDA 33325-5008** (City/State and Zip Code) For further information concerning this matter, please call: JOHN J. MORAN (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JAMES W. SCHUPOLSKY	, hereby resign as SECRETAXY (Title)
of FLORIDA'S FINEST TOWING (Name	& RECOVERY, INC. of Corporation)
P 05000107619 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	_·
- Source	O7 DEC -3 AH 11: 42 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