## P0600022637

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



01/09/12--01011--004 \*\*35.00

AND FLED 12 JAN -9 RH R: 24 SECRETARY OF STATS ALLAHASSEE, FLORIDA

## **COVER LETTER**

ų,

**TO:** Amendment Section Division of Corporations

۰,

1. N - S

Orana <u>)TU</u> IOWIN( (Name of Corporation) WINO SUBJECT: , INC, DORa JOD 22 10 3 **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:

(Name of Person) (Name of Firm/Company) (Address) Uricine (City/State and Zip Code)

For further information concerning this matter, please call:

JINNING NGI Mat (\_\_\_\_\_ <u>(Area Code & Davti</u> <u>k293</u> me Telephone Number) (Name of Person)

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

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION			
I, <u>RonALL A. HulRER</u> , hereby resign as <u>CEO</u> (Title)			
of <u>ORANGE COUNTY TOWENG &amp; RECOVERY</u> , Tree (Name of Corporation) <u>POUCOD 22037</u> , a corporation organized under the laws of the State (Document Number, if known)	e of	.,	
Florico			
(Signature of resigning officer/director)	SEGRETARY OF STATE TALLAHASSEE, FLORIDA	12 JAN -9 BH 12: 35	APPRIVE: AND FILEE

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