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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

SUBJECT: Poulevard Towing & Recovery, Inc
(Name of Corporation)

DOCUMENT NUMBER: P 06000126348

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

Please return all correspondence concerning this matter to the following:

Kovani Linaras
(Name of Person)

Poulevard Towing & Recovery, Inc.
(Name of Firm/Company)

1610 S. Dixie Hwy
(Address)

Hollywood, FL 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

[Signature] at (786) 367-6886
(Name of Person) (Area Code & Daytime Telephone Number)

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, Yovani Linares, hereby resign as Vice President
(Title)
of Boulevard Towing & Recovery, Inc
(Name of Corporation)
P06000126348, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(Signature of resigning officer/director)

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SECRETARY OF STATE
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