| • (F | Requestor's Name) |) |
|-------------------------|---------------------|--------------|
| (A | Address) | |
| A) | Address) | |
| (C | City/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Na | me) |
| (C | ocument Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only

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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: E. J. E. TOWING (Name of Corporation) |
| DOCUMENT NUMBER: PO900017387 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| JORWEH VEGA (Name of Person) |
| E.J.E. TOWING (Name of Firm/Company) |
| 601 NW ZZAVE (Address) |
| MIAMI Florida 33172 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (786) 6636697 (Area Code & Daytime Telephone Number) 786 306 77 18 |
| 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, Alicia Esp | rang | , hereby resign as | Seci | 20 tai? | 4 |
|---|------------|-----------------------------------|-------------------|--|----|
| of | Name of Co | TOWN 6 | | • | -, |
| PO900013 (Document Number, if known) | .87 ,ac | corporation organized und | ler the laws of t | he State of | |
| FLORIDA | · | | | 2009 SEI TALI | |
| | | ALO) | | 2009 APR 27 SECRETARY TALLAHASSE | |
| | (Signat | ure of resigning officer/director | or) | PM 1: 1 OF STATE E. FLORID | Ö |

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