P09000023297

(Re	equestor's Name)	
(Ad	ldress)	·-
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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off. Resign.

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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: IMPACT TOWING	AND TRANSPORT INC.
	(Name of Corporation)
DOCUMENT NUMBER: P 0	9000023297
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
MELISSA BOONE	
(Name of Per	rson)
IMPACT TOWING AND TRAN	ISPORT INC.
(Name of Firm/C	ompany)
10525 ALBRITTON RD.	
(Address)
LITHIA FLORIDA 33547	
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
WALTER C. KIRK	at (813) 763-4566 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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

ALLANASSELORS LA LOS WILLIAM D. McDONALD JR. DIRECTOR hereby resign as (Title) IMPACT TOWING AND TRANSPORT INC. (Name of Corporation) P09000023297 , a corporation organized under the laws of the State of (Document Number, if known) **FLORIDA**

FILING FEE IS \$35.00

resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314