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	questor's Name)		
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TRANSMITTAL LETTER

SUBJECT: McGREGOR Towing & Recovery INC. (Name of Corporation)
DOCUMENT NUMBER: 7/4 00 00 259/0
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RONALD COPPOLINO
(Name of Firm/Company) The
14010 Mc Gagor BCOD (Address)
For T My S, Fl. 339/9 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (239) 707-352/ (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
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

***** * * * * *

I, Longo Coppolino JR, hereby resign as DIRECTOR (Ti	tle)		_
of Mebregos Town a lecovery INC. (Name of Corporation)			,
P/4 000 0 259/0, a corporation organized under the laws of the (Document Number, if known)		2015 OCT	'n
D 11 c 0 c		1-2 納8:58	
(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