

P15000036199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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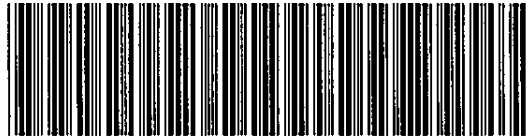
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 MAY 22 PM 2:41

MAY 28 2015

T CANNON

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAU TOWS + RECOVERY INC.
(Name of Corporation)

DOCUMENT NUMBER: P 150000 36199.

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

Please return all correspondence concerning this matter to the following:

HENRY LAU
(Name of Person)

LAU TOWS + RECOVERY INC.
(Name of Firm/Company)

6992 NW 51ST STREET.
(Address)

MIAMI FL 33166.
(City/State and Zip Code)

For further information concerning this matter, please call:

HENRY LAU at (786) 342 4846
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 22 PM 2:41

I, RHONA LAU, hereby resign as TRESURER.
(Title)

of LAU TOWS + RECOVERY INC.
(Name of Corporation)

P15000036199, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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