117000003426

(Requestor's Name)	
(Address)	10030027
(Address)	1000002
(City/State/Z _i p/Phone #)	
PICK-UP WAIT MAIL	06/20/170100
(Business Entity Name)	
(Document Number)	s Ji
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	OD-Resgn

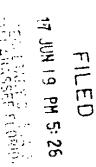




70061

ບີ4--ບີນ້ຣີ **85.ນິບັ

TALLENT UN 29 2017



TRANSMITTAL LETTER

Moffo's Towing And Recovery, Inc. SUBJECT: (Name of Corporation) P17000003426 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **David Moffo** (Name of Person) Moffo's Towing And Recovery, Inc. (Name of Firm/Company) 4616 NW 33rd Terrace (Address) Gainesville, Fl. 32605 (City/State and Zip Code) For further information concerning this matter, please call: **Anthony Moffo** 904 451-2195 (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: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

David Moffo	VP		
[, hereby resign as	, hereby resign as	
	(Title)	
Moffo's Towing . & Re∞very of(Nan	, Inc.		
(Nan	ne of Corporation)		
P17000003426			
	, a corporation organized under the laws of the	he State of	
(Document Number, if known)	p g		
Florida			
			
\sim \sim		>'∞ ∄	
) C (14)	A MOTTO	FIL.	
	(Signature of resigning officer/director)	· 466 星 m	
	(Signature of resigning officer director)	FILE JN 19 P	
		SS号 9 下	
		PA PD	
		्रं ध्रा	
		(08) (08)	

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