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66 WITHERSPOON STREET • SUITE 1000

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CORPO:	T NUMBER(S), (if known):	
1. (Corporation Name)	No.	105431 2547 05/02/0201061016 *****35.00 *****35.00
2. (Corporation Name)	(Document #)	TAG 0
3. (Corporation Name)	(Document #)	FIL.
Walk in Pick up time Mail out Will wait		ificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION/QUA	ATION
	Exami	ner's Initials

CR2E031(7/97)

T BROWN MAY - 9 2002



OFFICER / DIRECTOR RESIGNATION

I, Moira Boyle, hereby resign as Dicector
of Speenway Distributors, Inc., (Name of Corporation)
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation.
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314