

PD4000064969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

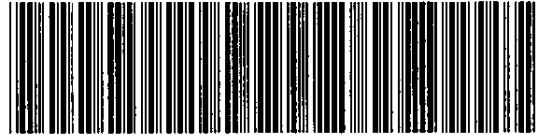
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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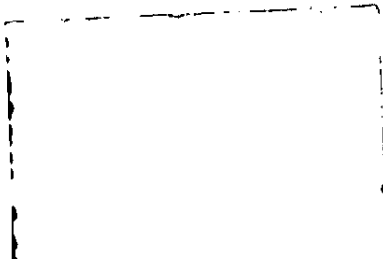
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB 4-17-09



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Joyce Enterprizes of America Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000064969

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Robert Joyce  
(Name of Person)

Joyce Enterprizes of America, Inc.  
(Name of Firm/Company)

1900 New Hampshire Street  
(Address)

Orlando, FL 32804  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Joyce at ( 407 ) 447-7805  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

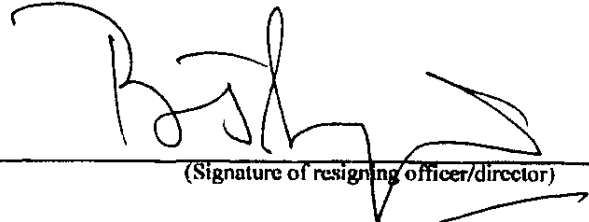
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, BARRY SEYMOUR, hereby resign as DIRECTOR  
(Title)

of JOYCE ENTERPRISES OF AMERICA INC.  
(Name of Corporation)

P 04000064969, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

  
(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