

P05000115494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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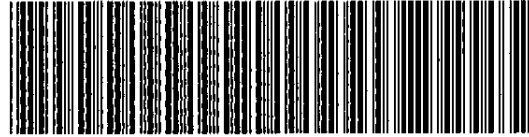
(Business Entity Name)

(Document Number)

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Mr. [unclear] [unclear]

FILED
11 JUL -7 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tony Scire Associates, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000115494

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

Please return all correspondence concerning this matter to the following:

Scott M. Grant, Esq.

(Name of Person)

Scott M. Grant, P.A.

(Name of Firm/Company)

3400 Tamiami Trail N., Suite 201

(Address)

Naples, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Swart, FL Registered Paralegal at (239) 280-5203

(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

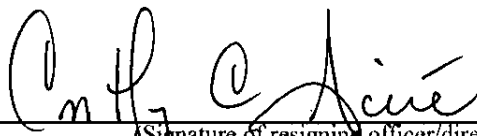
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Anthony Scire, hereby resign as Vice President
(Title)

of Tony Scire Associates, Inc.
(Name of Corporation)

P05000115494, 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