## 598311

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
· ·	
)	



800056971258

SECRETARY OF STATE

07/05/05--01035--014 \*\*35.00

officer Resignation

Office Use Only

T BROWN JUL - 8 2005

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sayre Corporation (Name of Corporation)
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:
LANCE SAYRE (Name of Person)
Sayre Corn Or ation (Name of Firm/Company)
905 JAN Mar Court #E
Minnesta (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 830 2500 (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
409 E. Gaines Street
Tallahassee, FL 32399

FILED

05 JUL -5 PM 1: 4:

OFFICER / DIRECTOR RESIGNATION

FOR A CORPORATION

FOR A CORPORATION

I,	Jeanette Sayre, hereby resign as Vice President
of_	Sayre Corporation, (Name of Corporation)
	(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