

601309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

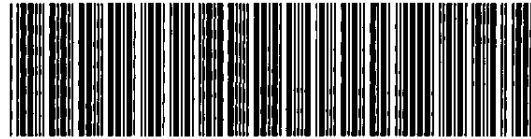
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Resign*  
C.COULLIETTE

JUN 04 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LYONS AND SMITH, P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** 601309

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

Please return all correspondence concerning this matter to the following:

GARY V. SMITH

(Name of Person)

LYONS AND SMITH, P.A.

(Name of Firm/Company)

15341 85 WAY NORTH

(Address)

PALM BEACH GARDENS, FLORIDA 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY V.. SMITH

(Name of Person)

at ( 561 ) 747-3002

(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

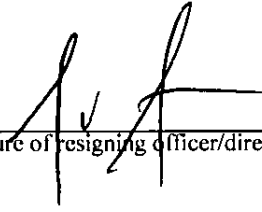
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GARY V. SMITH, hereby resign as OFFICER AND DIRECTOR  
(Title)

of LYONS AND SMITH, P.A.,  
(Name of Corporation)

601309, 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

**FILED**  
**10 JUN -3 AM 11:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**