(Re	questor's Name)		
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COVER LETTER

FO: Amendment Section
Division of Corporations
SUBJECT: Lyon Financial Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 849670
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cara Seeley
(Name of Person)
U.S. Bank National Association
(Firm/Company)
800 Nicollet Mall, BC-MN-H210
(Address)
Minneapolis, MN 55402
(City/State and Zip code)
For further information concerning this matter, please call:
at (612) 303-7856
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

Lyon Financial Services, Inc.

849670		
(Document Number of Corporation (if known)		
Minnesota		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Flovoluntarily surrenders its authority to transact business or conduct affairs in Florida.		
This corporation revokes the authority of its registered agent in Florida to accept service of appoints the Department of State as its agent for service of process based on a cause of action as time it was authorized to transact business or conduct affairs in Florida.		
The following is a current mailing address for the corporation:		11 JAN
c/o U.S. Bank National Association, Attn: Legal Department, 800 Nicollet Mall, BC-MN-H210 (Mailing Address)		
(Maning Address)		10 PM 1: 00
Minneapolis, MN 55402	STATES	4.0
(City/ State /Zip)		00
The corporation agrees to notify the Department of State in the future of any change in its mailing	ng addres	S.
(Signature of a director, president or other officer - if in the hands of a (Date)		
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)		
Cara L. Seeley Assistant Secretary		
(Typed or printed name of person signing) (Title of person signi	ing)	

FILING FEE \$35

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