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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lightyear Technology, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 950B3778
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Sphar
(Name of Person)
Lightyear Technology, Inc.
(Firm/Company)
85-C Mill Street Suite 100
(Address)
Roswell, GA 30075
(City/State and Zip code)
For further information concerning this matter, please call:
Mark Sphar at (678) 990-4020 x106
(Name of Person) (Area Code & Daytime Telephone Number)
MANUAL ADDRESS.

STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

MAILING ADDRESS:

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

Lightyear Technology, Inc.
Lightyear Technology, Inc. (Name of Corporation) 950B3778 (Document Number of Corporation (if known) Georgia
950B3778
(Document Number of Corporation (if known)
Georgia <u>Ç</u>
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby coluntarily 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 on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the ime it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
85-C Mill Street Suite 100
(Mailing Address)
Roswell, GA 30075
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(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 (Date) receiver of other count appointed fiduciary, by that fiduciary)
Total C. Basas J. S.F.O.
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35