

F10000004997

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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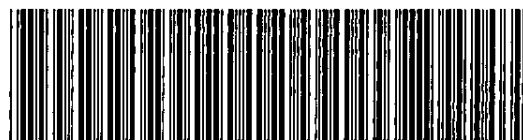
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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@ 12/1/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LYONESS NEW YORK INC.

(Name of Corporation)

**DOCUMENT NUMBER:** F10000004997

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SHARON COOKE**

(Name of Person)

**PARACORP INCORPORATED**

(Name of Firm/Company)

**PO BOX 160568**

(Address)

**SACRAMENTO, CA 95816**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SHARON COOKE**

(Name of Person)

at ( 800 ) 533-7272

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, PARACORP INCORPORATED

(Name of Registered Agent)

hereby resigns as Registered Agent for LYONESS NEW YORK INC.

(Name of Corporation)

F10000004997

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

BARBARA GEIGER

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 28 AM 10:00

**Make checks payable to Florida Department of State and mail to:**

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**