

LOG 000093873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

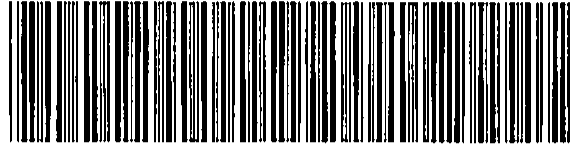
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600352408316

03/25/20--01014--001 \*\*25.00

11/2/20

FILED  
2020 SEP 25 P 2:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lyon King, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Douglas K. McKoy  
(Contact Person)  
Attorney at Law  
302 N. Main Street, Suite B  
Trenton, FL 32693  
(Firm/Company)

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

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas K. McKoy at ( 352 ) 490-4488  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing-Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Lyon King, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L06000093873

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/31/2020

4. I, Tom Riherd, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MG RM  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X Tom Riherd  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
2020 SEP 25 P 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA