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SECRETARY OF STATE SHALL AHASSEE, FLORIDA

T. CLINE
NUV 1 7 2009

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Lyons Development Group, LLC	
(Name of Limited Liability Con	apany)
The enclosed member, managing member or manager resigifiling.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Charles A Hautrive	
(Contact Person)	•
Lyons Development Group, LLC	
(Firm/Company)	
11606 NW 11 Street	2009 SEI FALI
(Address)	CRE
Pembroke Pines, FL 33026	TARY ASSE
(City/State and Zip Code)	[. F
For further information concerning this matter, please call:	2009 NOV 16 PM 1: 31 SECRETARY OF STATE ALLAHASSEE. FLORIO
Charles A Hautrive at 954	270-1772
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$\$	epartment of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it a ns Development Group		Florida De	epartment
2. This limited liabi	lity company was organized uno	der the laws of:		
3. The Florida docu L07000068	ment/registration number of thi	s limited liability company	SECRETAR) TALLAHASSI is:	2009 NOV 16
,	ame of Person Resigning)	_, hereby resign as a MG	(Print Title)	PH 31
of this limited liab resignation in wri	oility company and affirm the ling. Golden	1////2009	been notiii	ed of my
Signature of Resignature	gning Member, Managing Mem	ber or Manager	٠	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			