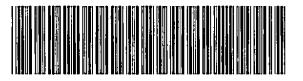
L17000334475

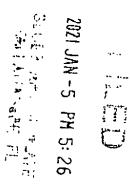
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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O SIMMONS FEB 18 2021

COVER LETTER

Name o	f Limited Liabili	ty Company
DOCUMENT NUMBER: L1700023447	5	
The enclosed Resignation of Registered Agfor filing.	gent for a Limite	ed Liability Company and fee are submitted
Please return all correspondence concerning	g this matter to	the following:
United States Corporation Agents, Inc.		
Name of Person		_
Legalzoom.com, Inc.		
Name of Firm/Company	-	-
101 North Brand Blvd. 11th Floor		
Address		_
Glendale, CA 91203		
City/State and Zip Code		_
raresignations@legalzoom.com		
E-mail address: (to be used for future annual ru	eport notification)	-
For further information concerning this mat	ter, please call;	
	800	773-0888 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statutes, th	e undersigned.	
United States Corporation Agents, Inc.	. hereby resigns as	2021 JAN
Name of Registered Agent	. Hereby resigns as	港 一
Registered Agent for Lyons International LLC		
		II
Name of Limited Liability Company		- CO
L17000234475		26
Document Number, if known		
A copy of this resignation was mailed to the above listed limited lia	ability company at its last k	nown address.
The agency is terminated and the office discontinued on the 31st day		his statement is filed.
If signing on behalf of an entity:		
Cheyenne Moseley		
Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·	
Asst. Secretary for United States Corporat	tion Agents, Inc.	
Capacity		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

\$ 85.00 \$ 25.00