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Division of Corporations	
SUBJECT: LYNX-2	(Name of Corporation)
DOCUMENT NUMBER: POZ	(Name of Corporation) 000099518
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
STEPHEN SUTPHIN (Name of Person)	The state of the s
(Name of Firm/Compa	ny)
(Address)	i. The second of the second of
ORLANDO, FL 3282 (City/State and Zip Coo	27 de)
For further information concerning this	matter, please call:
STEPHEN SUTPHIN (Name of Person)	at (407) 453-3310 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made pay	yable to the Florida Department of State.
Amendment Section Ar Division of Corporations Di Clifton Building Po	ailing Address: nendment Section vision of Corporations st Office Box 6327 illahassee, FL 32314

CR2E044(08/05)

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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SECRETARY OF STATE TALLAHASSEE.FLORIDA

FILING FEE IS \$35.00

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P.O. Box 6327
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