

P03000084415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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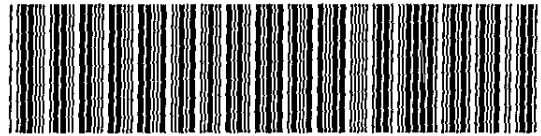
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.
mm
8/5/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lynch MCG's, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P03000084415

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

H. Davis Upchurch, Jr.

(Name of Person)

Upchurch & Esposito, P.A.

(Name of Firm/Company)

P.O. Box 3956

(Address)

St. Augustine, Florida 32085-3956

(City/State and Zip Code)

For further information concerning this matter, please call:

H. Davis Upchurch, Jr.

(Name of Person)

at (

904

) 825-1990

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lisa B. Lynch hereby resign as President/Treasurer/Director
(Title)

of Lynch MCG's, Inc.
(Name of Corporation)

P03000084415 a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA