

631682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

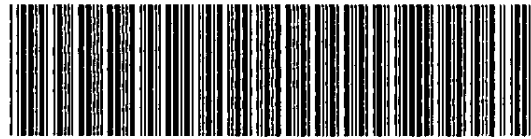
(Business Entity Name)

(Document Number)

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11 APR 18 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TH 4-20-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CROSSROADS, INC.

(Name of Corporation)

DOCUMENT NUMBER: 631682

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

Please return all correspondence concerning this matter to the following:

HAROLD M. RIFAS, ESQ.

(Name of Person)

HAROLD M. RIFAS, P.A.

(Name of Firm/Company)

7900 RED ROAD #9

(Address)

SOUTH MIAMI, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

HAROLD M. RIFAS

(Name of Person)

at (305) 662-8814

(Area Code & Daytime Telephone Number)

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

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

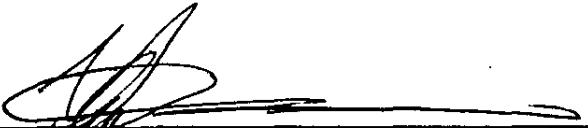
**11 APR 18 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, PETER SENGELMANN, hereby resign as TREASURER/DIRECTOR
(Title)

of CROSSROADS, INC.
(Name of Corporation)

631682, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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