

F070000000328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

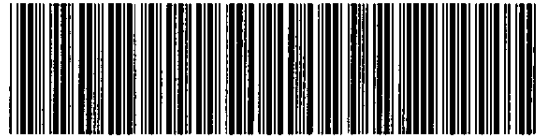
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700144726287

03/09/09--01013--022 ++35.00

FILED  
09 APR 24 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RAcharge  
Tlewis  
4-27-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Crossroads Mortgage Corporation of Boca +  
(Name of Corporation)

**DOCUMENT NUMBER:** F07000000328

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREL H. BUCKMAN  
(Name of Contact Person)

RESOURCE REAL ESTATE SERVICES, LLC  
(Firm/Company)

300 RED BROOK BOULEVARD, SUITE 300  
(Address)

OWINGS MILLS, MARYLAND 21117  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAUREL H. BUCKMAN at ( 410 ) 654-5550 EXT. 280  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2009

DAN LEMMERMAN  
CROSSROADS MORTGAGE CORPORATION  
300 RED BROOK BLVD., SUITE 310  
OWINGS MILLS, MD 21117

SUBJECT: CROSSROADS MORTGAGE CORPORATION OF BOCA  
Ref. Number: F07000000328

We have received your document for CROSSROADS MORTGAGE CORPORATION OF BOCA and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter-Number: 309A00009422

RECEIVED  
2009 APR 24 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of MARYLAND in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CROSSROADS MORTGAGE CORPORATION OF BOCA
2. The principal office address: 300 RED BROOK BLVD., STE. 300, OWINGS MILLS, MD 21117
3. The mailing address (if different): 300 RED BROOK BLVD., STE. 300, OWINGS MILLS, MD 21117
4. Date of incorporation/qualification: JAN. 18TH, 2007 Document number: F07000000328
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM

1209 ORANGE STREET

WILMINGTON, DELAWARE 19801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEN WEISS

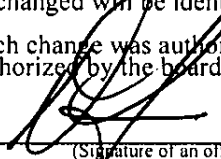
9070 KIMBERLY BOULEVARD 27-145

(P O Box NOT acceptable)

BOCA RATON, FLORIDA 33434


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

DANIEL LEMMERMAN, PRESIDENT  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

4-15-09  
(Date)

If signing on behalf of an entity:

Len Weiss  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
09 APR 24 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA