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(Re	questor's Name)	•	
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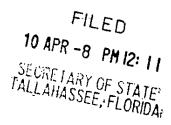
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SECRETIARY OF STATE
SECRETIARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CROSSROADS CARS, LLC			
(Name of Limited Liabili	ty Company)		
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for		
Please return all correspondence concerning this matter	er to:		
Paul D. Newell			
(Contact Person)			
Paul D. Newell, P.A.			
· (Firm/Company)			
Post Office Box 1369	term of the state		
(Address)			
Keystone Heights, FL 32656-1369			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Paul D. Newell at (35	52 473-4928		
,	Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it OSSROADS CARS, LI	appears on the records of the Florida Department _C
2. This limited liab Florida	ility company was organized u	nder the laws of:
3. The Florida doci	•	nis limited liability company is:
4. I, Alan E. Montane (Print Name of Person Resigning)		, hereby resign as a Member-Manager (Print Title)
of this limited lia resignation in wr		imited liability company has been notified of my
	nEh	·
Signature of Res	gning Member, Managing Me	nder or Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv	\$30.00 (Ontional)	