

3/13/2020



Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BELTRANO & ASSOCIATES  
Account Number : I20010000166  
Phone : (561)799-6577  
Fax Number : (561)799-6241

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: service@beltranolaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CROSS BORDER ASSOCIATES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cross Border Associates LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Aldo Beltrano

\_\_\_\_\_  
(Contact Person)

Beltrano & Associates

\_\_\_\_\_  
(Firm/Company)

4495 Military Trail, Suite 107

\_\_\_\_\_  
(Address)

Jupiter, FL 33458

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Beltrano

\_\_\_\_\_  
(Name of Contact Person)

at (561) 799-6577  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E079 (2/14)

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Florida

2. The Florida document registration number assigned to this limited liability company is: L20000034635

3. The date this member manager withdrew, resigned or will withdraw, resign is: 03/01/2020

4. I, Mary Ellen Fowler, hereby withdraw, resign as a  
*(Print Name of Person Resigning)*  
**Manager**

at this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Mary Ellen Fowler  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)