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COVER LETTER

TO: Registration Section Division of Corporations	•
Cross-Border Education & Consulting LLC	
SUBJECT: (Name of Limited Liabi	lity Company)
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to:
Williams, Clayton A	
(Contact Person)	
Cross-Border Education & Consulting LLC	
(Firm/Company)	
22 Ventana Blvd	
(Address)	
Santa Rosa Beach, FL 32459	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Name of Contact Person) (Are	160 1 184-6932
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fk	orida Department of State for:
■ \$25 Filing Fee □ \$55	Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303



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)

Cross	limited liability company as Border Education & Consulting		epartment
2. The Florida doct L20000181772	ument/registration number a	ssigned to this limited liability company is	s:
3. The date this me Williams, Thom		signed or will withdraw/resign is:	 ,
4. 1,(Print N MGR	lame of Person Resigning)	, hereby withdraw/resign as a	
	(Print Title)		
resignation in wr	iting.	ne limited liability company has been notif	fied of my
_ Thouse &	william Jessig		
Signature of Di	issociating Member of Resig	ming Manager	
~	\$25.00 (Required) \$30.00 (Optional)		3091 JAU - 5