

M05000003036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

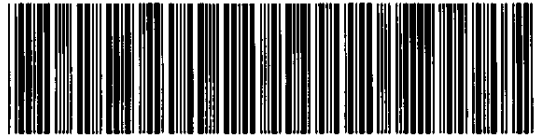
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300156035893

06/03/09--01039--009 \*\*85.00

FILED  
09 JUN -3 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Tew  
6-8-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CROSSROADS ARCHITECTURE LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M05000003036

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON COOKE  
Name of Person

PARACORP INCORPORATED  
Name of Firm/Company

PO BOX 160568  
Address

SACRAMENTO, CA 95816  
City/State and Zip Code

nicole@crossroadsarchitecture.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON COOKE at ( 888 ) 886-7166  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

PARACORP INCORPORATED

Name of Registered Agent

Registered Agent for CROSSROADS ARCHITECTURE LLC

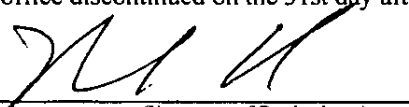
Name of Limited Liability Company

M05000003036

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

NINH HO

Typed or Printed Name

Asst Secretary, Paracorp Incorporated

Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
09 JUN -3 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA