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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL IN

Account Number : 110432003053

: (561)694-8107

Phone

Fax Number

: (561)694-1639



LLC DISSOLUTION OR WITHDRAWAL CROSS DEVELOPMENT CC PALMETTO, LLC

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Registration Division of	on Section of Corporations		
Cross SUBJECT:	Development CC Palmetto	, LLC	
	(Name of F	oreign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submit	ted for filing.	
Please return all con	rrespondence concerning th	is matter to the following	g:
Sheri Brown			
	(Name of Person)	***************************************	_
Cross Developmen	ı		
	(Firm/Company)		-
4336 Marsh Ridge			
	(Address)		_
Carrollton, TX 750	10		
	(City/State and Zip Co	de)	_
For further informat	ion concerning this matter,	please call:	
Sheri Brown		214 st (614-8252
(N	ame of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliftor Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		tration Section on of Corporations 30x 6327	
☐ \$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cross Development CC Palmetto, LLC
(Name of limited liability company)
Texas
(Jurisdiction of its organization)
3/1/16
(Date registered with Florida Department of State)
M16000001761
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Effective Date, if other than the date of filing: n/a (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
Steve Ramsey, President
(Typed or printed name of signee)

Filing Fee: \$25.00