

P2000080581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

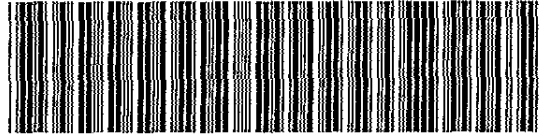
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resignation

[Signature]
By _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Crossroads Market & Deli, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P020000280581

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Carolyn Sierk
(Name of Person)

Sierk & Associates PA
(Name of Firm/Company)

504 Royal Palm Beach Blvd.
(Address)

Royal Palm Beach FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

Qutaybah Shihadeh at (561) 630-5198
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

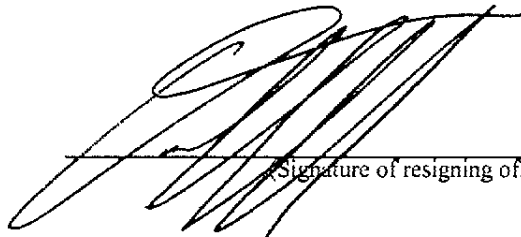
FILED
03 DEC -8 PM 4: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Omar Shibadeh, hereby resign as President/Director
(Title)

of Crossroads Market & Deli, Inc.
(Name of Corporation)

P020000280581, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314