

P2000080581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

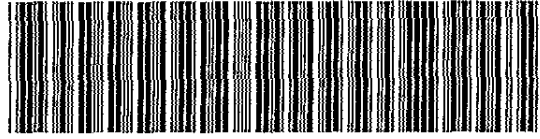
(Business Entity Name)

(Document Number)

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Resignation

*[Signature]*  
By \_\_\_\_\_

12/09/03 --01063--012 \*\*105.00

*ADR*

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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**

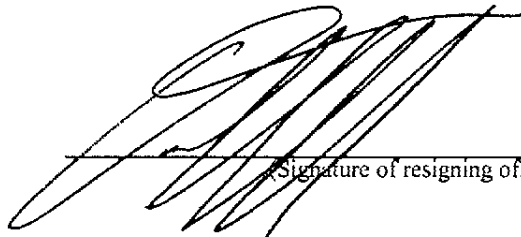
**FILED**  
**03 DEC -8 PM 4: 40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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