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SECRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:_C	ROSSROADS CH	
		(Name of Corporation)
DOCUMENT	NUMBER: P040	000127912
The enclosed C	fficer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return al	l correspondence cor	ncerning this matter to the following:
CARLOS M	AVERHOFF	
	(Name of Pers	son)
	(Name of Firm/Co	ompany)
2452 SW 18	ST	
	(Address)	
MIAMI, FL 3	3145	
	(City/State and Zip	p Code)
For further info	rmation concerning	this matter, please call:
CARLOS M	AVERHOFF	at (305) 609-6953 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a c	heck for \$35.00 mad	le payable to the Florida Department of State.
Street Address Amendment Se Division of Cor Clifton Building 2661 Executive Tallahassee, FI	ction porations g Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as PRESIDENT
(Title)
poration)
orporation organized under the laws of the State of
SECRETARY OF STATE ALLAHASSEE, FLORIDA re 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