PA4000154075

(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:				

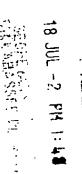
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COVER LETTER

	ion of Corporations	
SUBJECT:	Cross-Memb	er Services, Inc.
_		(Name of Corporation)
DOCUMEN	T NUMBER: P0400	0154075
The enclosed	Resignation of Registe	cred Agent for a Corporation and fee are submitted for filing.
Please return	all correspondence cor	ncerning this matter to the following:
William	L. Durden II	
	(Name of Perso	
	(Name of Firm/Cor	mpany)
1834 S	tarwan Road	ł Fast
	(Address)	
Jackso	nville, Florida	a 32211
	(City/State and Zip	
For further in	formation concerning t	this matter, please call:
	ı L. Durden II	•
VVIIIIAII	(Name of Person)	at (904)616-3005 (Area Code & Daytime Telephone Number)
Enclosed is a or \$35.00 for	check made payable to	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.
Street Addre Amendment Division of C Clifton Build 2661 Executi Tallahassee, l	Section Corporations ing ve Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607	.1509, or 617.1509,
Florida Statutes, the undersigned, William L Durden III	
(Name of Register	
hereby resigns as Registered Agent for Cross-Member-S	Services, Inc.
(Name of Corpo	ration)
P04000154075	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation	at its last known address.
The agency is terminated and the office discontinued on the 31st day this statement is filed.	after the date on which
Willia 2 Dre 2	
(Signature of Resigning Agent)	<u> </u>
If signing on behalf of an entity:	JE-2 PE
(Typed or Printed Name)	
	•
	n e
(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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