## P05000012159

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
, (Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800095866628

04/06/07--01004--023 \*\*35.00



OD pes

## **COVER LETTER**

Cross Country Lending Group, INC. (Name of Corporation) P05000012159 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ivette Lopez (Name of Person) Cross Country Lending Group, Inc. (Name of Firm/Company) 5575 S. Semoran Blvd. #5013 (Address) Orlando, FL 32822 (City/State and Zip Code) For further information concerning this matter, please call: Carol Diaz (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

T Caridad Gomez	, hereby resign as Vice President	
*)	(Title)	
of Cross Country Lending Grou		
(Nan	e of Corporation)	
P05000012159	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
*	SECKLIANT OF STATE TALLANASSEE, FLORIDA	

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