P05000167349

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(В	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	

Office Use Only



500289873245

09/15/16--01007--002 **35.00

RIA-Rosigned
85
9/19/16

FILED

6 SEP IS PN 4: I

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Crosswinds Construction Company, Inc.
(Name of Corporation) DOCUMENT NUMBER: P05000167349
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
I. Barry Blaxberg, Esq. (Name of Person)
Blaxberg, Grayson, Kukoff & Forteza, P.A.
(Name of Firm/Company)
25 SE 2nd Avenue, Suite 730
(Address)
Miami, FL 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
I. Barry Blaxberg, Esq. at (305) 381-7979 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 617.150	09,	
Florida Statutes, the undersigned, I. Barry Blaxberg as President of Blaxberg, Grayson, Kukoff & Fortez	:a, P.A.	
(Name of Registered Agent)		
hereby resigns as Registered Agent for Crosswinds Construction Company,	, Inc.	
(Name of Corporation)		
P05000167349		
(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 after the date on this statement is filed.	which	
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
I. Barry Blaxberg		
(Typed or Printed Name)		
President	SECRET TALLAH	; 2 T
(Capacity)	ASS.	FILED
\cdot	riio	<u>"</u>
·	ESS.	¥ ∪ -
Fee for filing this document:	율질	
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	≽rn ∂	ת
\$35.00 - Administratively dissolved/voluntarily dissolved/		

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

withdrawn corporation