

PL5000051537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

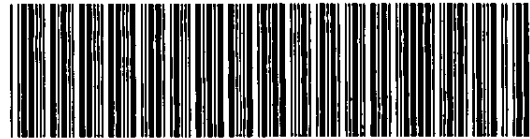
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Crossroads Solutions Inc.
(Name of Corporation)

DOCUMENT NUMBER: P1500051537

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Sanchez
(Name of Person)

Family Crossroads Solutions Inc.
(Name of Firm/Company)

42 NW 27th Avenue Suite 423
(Address)

Miami FL 33125
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Sanchez at (286) 389-4826.
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Lilly J. Real, hereby resign as President
(Title)

of Family Cross Roads Solutions Inc.
(Name of Corporation)

PL5000051537, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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