

P15000051537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 DEC -2 PM 2:49

Reinst for  
RA Resign.  
w/No replacement  
Failure to maintain RA.

DEC 12 2016

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Family Crossroads Solutions, Inc.  
Name of Corporation

DOCUMENT NUMBER: P15000051537

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Sanchez

Name of Contact Person

Family Crossroads Solutions, Inc.

Firm/Company

11664 SW 244 Lane

Address

Homestead, Fl., 33032

City/State and Zip Code

info@family-csi.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Sanchez

Name of Contact Person

at ( 786 ) 389-4826

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED  
16 DEC -2 AM 7:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Family Crossroads Solutions
2. The principal office address: 11664 SW 244 Lane  
Homestead, Fl., 33032
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/05/2015 Document number: 47-4752728 P15-31537

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Karen Sanchez

11664 SW 244 Lane

P.O. Box NOT acceptable

Homestead, Fl., 33032

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Karen Sanchez  
Signature of an officer or director

Karen Sanchez, President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Karen Sanchez  
Signature of Registered Agent

11/28/2016

Date

If signing on behalf of an entity:

Karen Sanchez

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

**Florida** *The Sunshine State*

**DRIVER LICENSE CLASS 1**

**S522-519-78-683-0**

**KAREN YAMILETH SANCHEZ**

11684 SW 244 LN  
MIAMI FL 33032-4633  
DOB: 06-23-1978 SEX: F  
ISSUED: 03-17-2012 HC  
EXPIRES: 06-23-2021  
NEW FL 12-21  
ENDORSEMENTS: 13-2112

*Karen Sanchez*

ORGAN DONOR

**SAFE DRIVER**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

# State of Florida



## Department of State

### CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The provisions of section 607.1421 or 617.1421, Florida Statutes, which requires 60 days notice of a proposed dissolution, have been met for FAMILY CROSSROADS SOLUTIONS, INC., a corporation organized under the laws of the State of Florida. This corporation is hereby administratively dissolved as of November 2, 2016 for failure to designate and maintain a registered agent, as required by law.

The document number of this corporation is P15000051537.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Second day of November, 2016



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

P15000051537



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

FAMILY CROSSROADS SOLUTIONS, INC.  
1825 PONCE DE LEON BLVD.  
72  
CORAL GABLES, FL 33134

SUBJECT: FAMILY CROSSROADS SOLUTIONS, INC.  
Ref. Number: P15000051537

700291914607

Due to your failure to respond to our letter advising you of your corporation not maintaining a registered agent and giving you 60 days notice of our intent to dissolve the above corporation, this corporation is now administratively dissolved.

A Certificate of Dissolution is enclosed.

If you have any questions concerning this matter, please call (850) 245-6823.

Gary Blankenbaker  
Document Specialist

Division of Corporations

Letter Number: 016A00023589



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2016

FAMILY CROSSROADS SOLUTIONS, INC.  
1825 PONCE DE LEON BLVD.  
72  
CORAL GABLES, FL 33134

SUBJECT: FAMILY CROSSROADS SOLUTIONS, INC.  
Ref. Number: P15000051537

Our records indicate the registered agent for the above named corporation resigned on June 27, 2016 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Gary Blankenbaker  
Document Specialist  
Division of Corporations

Letter number: 816A00016067