## P9800062302

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
| <u>-</u>                                |  |  |  |  |  |  |
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SECRETARY OF STATE
SECRETARY OF STATE

0/8 Resign. 4/3/07

## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: Cross Atlantic Trading, Inc. (Name of Corporation)  DOCUMENT NUMBER: P980000 6 2302 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following:                    |
| Name of Person)  Cross Atlantic Trading / n.c.  (Name of Firm/Company)                       |
| (Name of Firm/Company)   |
| 4851 NE 8 <sup>41</sup> Ave.  (Address)  |
| Oakland Park 7L 33334<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:                                 |
| Tone Lilly at (954) 663-6286 (Area Code & Daytime Telephone Number)                          |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.             |

TO:

Amendment Section

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Michael                                | Lilly        | , hereby resign as_          | Directo | Presiden                     |
|----|--|--------------|------------------------------|---------|------------------------------|
|    | Cross                                  |              |                              |         | (Tide)                       |
| _  | 980000 (023<br>(Document Number, if kn | 302a w       |                              |         | f the State of               |
|    | Florida                                | <del>.</del> |                              |         |                              |
|    |  | W. 1         | K                            |         |                              |
|    |  | (Signatur    | e of resigning officer/direc | etor)   | 07 APR -2 F<br>SECRETARY I   |
|    |  |              |                              |         | R-2 PH 4: 2:<br>TARY OF STAT |
|    |  | FILIN        | G FEE IS \$35.00             |         | )<br>L: 2:<br>LORN           |

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314