## P98000082631

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Constitution to Ellin Officer
Special Instructions to Filing Officer:

Office Use Only



200022255532

09/02/03--01040--024 \*\*35.00

03 SEP -2 PH 4: 12 SECRETARY OF SIATE

alg Hel

TO: Amendment Section Division of Corporations

## TRANSMITTAL LETTER

SUBJECT: Crossroads Underwriters, Inc. (Name of Corporation)
DOCUMENT NUMBER: P98000082631
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert L. M. Convell (Name of Person)
Cross Roeds Mulaurita, lac
140 250th St-Sw (P.O. Box 508) (Address)
New Jekry 77 32669-1500 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert L. M. Lownell at (351 374 8545 (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
Taliahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Robert L. McConnell	hereby resign as Secretary	, hereby resign as Secretary & Treasurer (Title)	
of Crossroads Underwriters,	, Inc. (Name of Corporation)	,	
P98000082631 (Document Number, if known) Florida	, a corporation organized under the law	s of the State of	
Robert	L Whowiff (Signature of resigning officer/director)	03 SEP -2 PH 4: 12 SECRETARY OF STATE TALLAHASSEE, FLORID:	

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