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COVER LETTER

	nendment Section vision of Corporations			
SURJECT	r:_ELITE RESEARCH I	NSTITUTE, INC.		
SUBJECT	<u> </u>	(Name of Corporation)		
DOCUMI	ENT NUMBER: P0400	00025887		
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	n)		
	(Name of Firm/Com	npany)		
3300 N.I	E. 190 STREET, #2610			
	(Address)			
AVENT	JRA, FLORIDA 33180			
	(City/State and Zip	Code)		
For further	r information concerning th	nis matter, please call:		
RUBEN	O'FARRILL	at (305) 776-5004 (Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed i	is a check for \$35.00 made	payable to the Florida Department of State.		
Street Ade Amendme Division o Clifton Bu 2661 Exec Tallahasse	dress: nt Section f Corporations ilding cutive Center Circle e, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



RUBEN D. O'FARRILL	, hereby resign as Director
***************************************	(Title)
of ELITE RESEARCH INSTITUTE, INC. (Name of Corporation	on)
P04000025887, a corporation (Document Number, if known)	ration organized under the laws of the State of
Florida	
DI Wuu	
(Signature of r	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