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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
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TRANSMITTAL LETTER

TRANSMITTAL LETTER
TRANSMITTAL LETTER TO: Amendment Section Division of Corporations SUBJECT: Elite Contra for Services Inc.
SUBJECT: Elite Contractor Services Inc. (Name of Corporation)
DOCUMENT NUMBER: 10400 0035191
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RONACT KIMRAS (Name of Person)
Elite Contractor Services INC. (Name of Firm/Company)
13203 Moss Hollow Ct. (Address)
Orlando 32825 (City/State and Zip Code)
For further information concerning this matter, please call:
Ronald Kirnky at (407) 466-8637 (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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Of MISON PARTIES homas legley hereby resign as fice Pregiden, _____, a corporation organized under the laws of the State of Florida

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