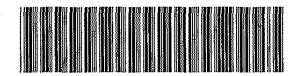
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•
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special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





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06 JUL 28 PM 2: 04
SECRETARY OF STATE
ALLAHASSEF, FI ORIGINAL

1.28.00 Description

COVER LETTER

SUBJECT: 51, te choice (calty (Name of Corporation)
DOCUMENT NUMBER: POS CODOO 5244
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
George De La Fe (Name of Person)
Elite Choice Really (Name of Firm/Company)
(CO135 NW 167 St E-21 (Address)
HIA/eall Fl 33015 (City/State and Zip Code)
For further information concerning this matter, please call:
George 2 lose at (305) 828-000/ (Name of Person) at (305) 828-000/ (Area Code & Daytime Telephone Number)

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

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

Amendment Section

Division of Corporations

TO:

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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CR2E044(08/05)

JUL 1 4 2006

CIU REV/ADM

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Luis Landrian	hereby resign as Preside	nt Secretary, Title) treusure
of Zlife Choic	e leally Inc.	
Posooooszyy (Document Number, if known)	a corporation organized under the laws of th	ne State of
Florida.		
	.	06 . SECH SECH
		FIL JUL 28 AHASSE
(उरध्र	ature of resigning officer/director)	LED 28 PH 2: 01 ARY OF STATE SSEE. 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

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JUL 1 4 2006

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