POS000011935

(Reques	tor's Name)						
(Address	;)						
(Address	<u>;)</u>						
,	•						
(City (Cha	La Mindhana 48						
(City/State/Zip/Phone #)							
PICK-UP] WAIT	MAIL					
(Busines	s Entity Name)						
(Docume	ent Number)						
Certified Copies	Certificates of	Statue					
Certified Copies	Certificates of	Otatus					
	·						
Special Instructions to Filing	Officer:						

Office Use Only



300058586073

08/23/05--01003--024 **35.00

05 AUG 23 AM 8: 11

Gy af

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ELITE WHERES TWO (Name of Corporation) DOCUMENT NUMBER: POS 0000 (1938)
DOCUMENT NUMBER: 105 0000 / 1938
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Nothange ELKAYAM (Name of Person)
(Name of Firm/Company)
17290 NE 19 Th AVE (Address)
No. Minni BEACH, FL 33/62 (City/State and Zip Code)
For further information concerning this matter, please call:
Marker Agree Agrat (205) 944-5353 (Name of Person) (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 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı,	l ETHANEL	(NETAWE) Eurayar	7 hereby resig	m as <i>DIR</i>	KET BRY	(Title)	15/A)	<u>&</u>
of	LITEL	VHEE LS (Nam	ne of Corporation	on)		, <u>, , , , , , , , , , , , , , , , , , </u>	- · · · · ·		 ,
£050	cument Number,	38	, a corpor	ation organiz		laws of t	ta Shukki ARY of SIAIL SIAIL SIAILAHASSEE, FLORIDA	_ਓ 05 AUG 23 AM 8: 11	
			(Signature of t	esigning officer	r/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