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(Requestor's Name) (Address)	000058519440
(Cîty/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	08/3 1/05 01021012 **35.00
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ELITE WHEES TWO. (Name of Corporation) DOCUMENT NUMBER: POSOOOO (1938
DOCUMENT NUMBER: POSO000(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:
ELAN COHEN (Name of Person)
(Name of Firm/Company)
AVENTURA (City/State and Zip Code) GROWN CONSTRUCTOR CONSTRUCTOR AND
AVENTURA & JS/80 (City/State and Zip Code)
For further information concerning this matter, please call:
ELAN Course (Name of Person) at (301) 788-3799 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ELAN COHEN	hereby resign	as ARECTOR + TREWUREN
of Euro We	leme of Corporation)	
Postopoligas (Document Number, if known)	a corporation organized	under the laws of the State of
FLORIDA	The second secon	The second secon
	(Signature of resigning officer/di	PELLEL 9: 55 TALLAHASSEE, FLORIDA TRALLAHASSEE, 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