P11000033217

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





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09/02/11--01028--014 **35.00

M/ Did Resign



n. an 7-11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Elite Default Group (Name of Corporation)
DOCUMENT NUMBER: PILO000 33217
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
David Moncaus (Name of Person)
Elite Dofault Group (Name of Firm/Company)
3160 NW 88th Ave
Sunrise FL 33351 (City/State and Zip Code)
For further information concerning this matter, please call:
David MonCau at (305) 804 - 2694 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE, FLORIDA

I,	Cesar I	Idarraga	, hereby r	esign as Vice	President (Title)	
of	Elite	Defaul + (Name of	Group Corporation)	1 Duc.		_,
PI	1000033 (Document Numb		a corporation orga	nized under the la	ws of the State of	
	Florida					

(Signature of 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