## Po4000131419

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	<i>&gt;#</i> )		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	ified Copies Certificates of Status			
Special Instructions to Filing Officer:				

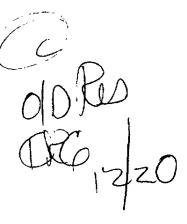
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05 DEC 12 AM 12: 29
SECRETARY OF STATE
ALLAHASSEE, FLORID,



## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJ	SUBJECT: I.E FINANCIAL GROUP, INC. (Name of Corporation)				
DOC	OCUMENT NUMBER: P04000131419				
The en	nclosed Officer/Director Resi	gnation for a Corporation	n and fee are submitted for filing		
Please	e return all correspondence co	ncerning this matter to the	ne following:		
	. ILEN ESTRA	DA			
	(Name of Pers	son)	•		
	I.E. FINANCIAL GR		_		
	(Name of Firm/Co	ompany)	•		
	4075 Pine Ridge Ro	ad, Ste 15	_		
	(Address)				
	Naples, FL 34				
	(City/State and Zi	p Code)	•		
For fu	orther information concerning	this matter, please call:			
	ILEN ESTRADA	at (239	352-7500 e & Daytime Telephone Number)		
	(Name of Person)	(Area Cod	e & Daytime Telephone Number)		
Enclo	sed is a check for \$35.00 mad	le payable to the Florida	Department of State.		
Amen Divisi Clifto 2661	de Address:  Idment Section  I	Mailing Address: Amendment Section Division of Corporatio Post Office Box 6327 Tallahassee, FL 32314	ns 4		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι,	ILEN ESTRADA	, hereby resign as	PRESIDENT
´ <u> </u>			(Title)
of	I.E. FINA	ANCIAL GROUP, INC.	
`	(Name of	Corporation)	,
	P04000131419 (Document Number, if known)	a corporation organized under the	e laws of the State of
	FLORIDA		
	(Sign	nature of resigning officer/director)	FILEU 05 DEC 12 AM 12: SECRETARY OF STALLAHASSEE, FL

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