

P05000154321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

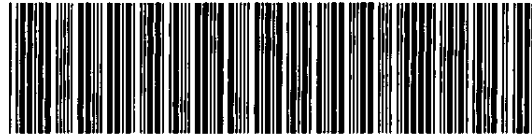
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.

TB

MAY 17 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HILVE CORP.

(Name of Corporation)

DOCUMENT NUMBER: P05000154321

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL MARRERO, CPA

(Name of Person)

LIMA, RIOS & MARRERO, PA

(Name of Firm/Company)

8360 W. FLAGLER ST #200

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL MARRERO, CPA

(Name of Person)

at (305) 554-7229

(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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, GERALDINE HIDALGO, hereby resign as PRESIDENT/DIRECTOR
(Title)

of HILVE CORP.
(Name of Corporation)

P05000154321, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, 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