

PD6000147175

(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:

Office Use Only



000239617330

09/17/12--01026--018 \*\*35.00

87r/ DD Bryan

FILED  
12 SEP 17 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 18 2012  
T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ilimigue Immigration, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000147175

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

Please return all correspondence concerning this matter to the following:

Ilieva Valdes

(Name of Person)

Ilimigue Immigration, Inc

(Name of Firm/Company)

14712 SW 84 LN

(Address)

Miami, FL 33193

(City/State and Zip Code)

For further information concerning this matter, please call:

Ilieva Valdes

(Name of Person)

at ( 786 ) 444-8824

(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

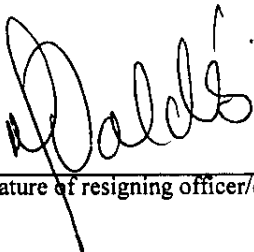
**Mailing Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Miguel A. Valdes, hereby resign as President  
of Ilimigue Immigration Inc.  
(Name of Corporation)

P06000147175, a corporation organized under the laws of the State of  
(Document Number, if known)

  
(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