P2000013228

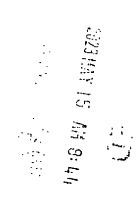
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000408686890

03, 15, 03--1, 122--000, **35, 00



_ 2 8 2023

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: IDEAL INNOVATION SERVICES	INC			
(Name of Corporation)				
DOCUMENT NUMBER: P20000013228				
The enclosed Officer/Director Resignation f	for a Corporation and fee are submitted for filing			
Please return all correspondence concerning	this matter to the following:			
GLADYS M. PICON				
(Name of Person)				
IDEAL INNOVATION SERVICES INC				
(Name of Firm/Company)				
1761 SW BONANZA ST.				
(Address)				
PORT SAINT LUCIIE, FL 34953				
(City/State and Zip Code)				
For further information concerning this matt	ter, please call:			
GLAÐYS M. PICON	772-260-893 at ()			
(Name of Person)	(Area Code & Daytime Telephone Number)			

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

GLADYS M. PICON	VICE PRESI	VICE PRESIDENT, hereby resign as(Title)		
1,	, hereby resign as_	(Title)		
IDEAL INNOVATION SERVICES of	INC			
()	Name of Corporation)			<u> </u>
P20000013228 (Document Number, if known)	, a corporation organized under the law	vs of the St	ate of	
FLORIDA				
	·	· . ·	2023 HAY 15	
	Signature of resigning officer/director)	······································	45:8 HV	ء عدس فحادم

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