

P20000013228

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(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IDEAL INNOVATION SERVICES INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P20000013228  
\_\_\_\_\_

The enclosed Officer/Director Resignation 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 LUCIE, FL 34953  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

GLADYS M. PICON  
\_\_\_\_\_

at ( 772-260-893 )  
\_\_\_\_\_

(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**

I, GLADYS M. PICON, hereby resign as VICE PRESIDENT  
(Title)

of IDEAL INNOVATION SERVICES INC  
(Name of Corporation)

P20000013228, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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**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