P20 000048984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# TRANSMITTAL LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** ILDE & ILDE, INC
(Name of Corporation)

**DOCUMENT NUMBER:** P20000048984

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

Please return all correspondence concerning this matter to the following:

ILDEFONSO MORENO
(Name of Person)

ILDE & ILDE, INC
(Name of Firm/Company)

8056 NW 10TH STREET. SUITE 8
(Address)

MIAMI, FLORIDA 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

ILDEFONSO MORENO at (786) 301-8331
(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

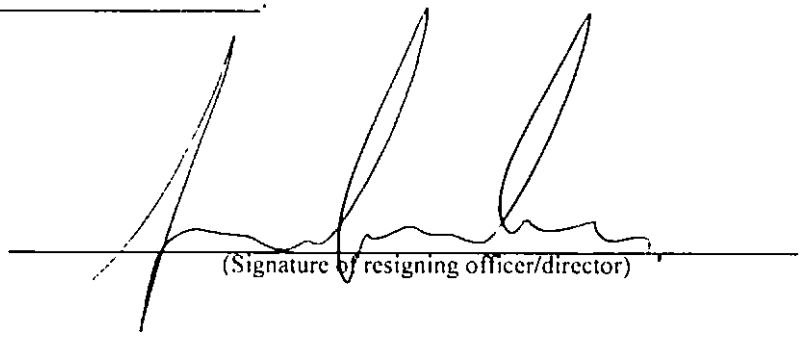
**Street Address:**
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# OFFICER / DIRECTOR RESIGNATION
# FOR A CORPORATION

I, ILDEMAR IRACI, hereby resign as PD
(Title)

of ILDE & ILDE, INC
(Name of Corporation)

P20000048984
(Document Number, if known), a corporation organized under the laws of the State of FLORIDA.



(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