

P20 000048984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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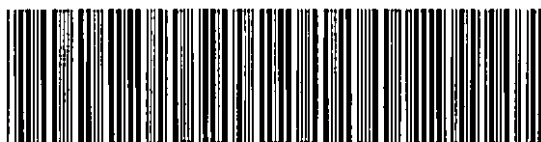
(Business Entity Name)

(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)

ILDE & ILDE, INC  
of \_\_\_\_\_  
(Name of Corporation)

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

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