

PO7000006379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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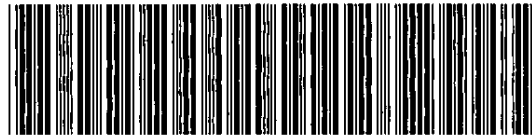
(Business Entity Name)

(Document Number)

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DO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHOP 'N GO, CORP

(Name of Corporation)

DOCUMENT NUMBER: P07000006379

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

Please return all correspondence concerning this matter to the following:

CARMEN ALDANA

(Name of Person)

N/A

(Name of Firm/Company)

11340 SW 122 PL

(Address)

MIAMI, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN ALDANA

(Name of Person)

at (786) 299-0379

(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

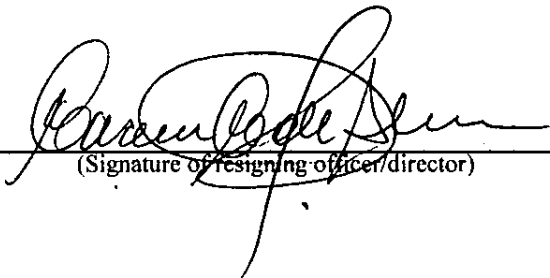
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARMEN ALDANA, hereby resign as TREASURER
(Title)

of SHOP 'N GO, CORP,
(Name of Corporation)

P07000006379, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314