## P08000018567

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

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Salsa 2 go, Inc.	
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: p0800	0018567
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence cond	cerning this matter to the following:
Maryann Kilgallon	
(Name of Perso	n)
Salsa 2 go, Inc.	
(Name of Firm/Com	apany)
509 S. Chickasaw Trail # 131	·
(Address)	<del> </del>
Orlando, Florida 32825	
(City/State and Zip	Code)
For further information concerning th	is matter, please call:
Maryann Kilgallon	at ( 407 ) 575-4912 (Area Code & Daytime Telephone Number)
(Name of Person)	(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

SECRIFICATION

TALLAHASSEE. FLORIDA

I, Zenovio Salgado	, hereby resign as Vice President
*	(Title)
of Salsa 2 go Inc.	
(Name of	f Corporation)
P08000018567 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
_	- / 0
	gnature 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