## P14000056903

questor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
_ Certificates	of Status	
Special Instructions to Filing Officer:		
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nar  cument Number)  Certificates	

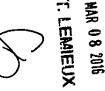
Office Use Only



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SECRETARY OF STATE



## TRANSMITTAL LETTER

Division of Corporations **G02MARKET CORPORATION** (Name of Corporation) **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THOMAS COELHO (Name of Person) GO2MARKET CORPORATION (Name of Firm/Company) 200 2ND AVE S #317 (Address) ST PETERSBURG, FL 33701 (City/State and Zip Code) For further information concerning this matter, please call: VIJA VIKSNE (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address:

Amendment Section

Division of Corporations 2661 Executive Center Circle

Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, VIJA K VIKSNE	, hereby resign as PRESIDENT
***	(Title)
of GO2MARKET CORF	PORATION
(Name of Co	orporation)
(Document Number, if known), a	corporation organized under the laws of the State of
Fbrida	
Va	Musus  ture of resigning officer/director)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail

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