NO1000000033

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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SECRLIARY OF STATE TALLAHASSEE, FLORIDA

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C. Coullisite OCT 3 1 2006

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: WORKFORCE FOUNDATION, INC.
~~~	(Name of Corporation)
DOC	CUMENT NUMBER: N01000000033
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
FRA	ANK G. FINKBEINER, ESQ.
	(Name of Person)
LA\	W OFFICE OF FRANK G. FINKBEINER
	(Name of Firm/Company)
108	BE. HILLCREST ST.
	(Address)
OR	LANDO, FL 32801
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
FRA	ANK FINKBEINER at (407) 423-0012 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	et Address: ndment Section sion of Corporations on Building Executive Center Circle whassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LARRY STRICKLER	, hereby resign as
*,	(Title)
of WORKFORCE FOUNDATION	ON, INC.
(Na	me of Corporation)
N0100000033 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	·
Jan	(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