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1818 7th Ave Lake Worth,	olutions, Incorpo	orated
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
Ф	cument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Woodwork Solutions Incorporated (Name of Corporation) DOCUMENT NUMBER: PO1000092438
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa S. Jansen (Name of Person) Woodwor Solutions Incorporated (Name of Firm/Company) 1818 Thave North Suite C (Address)
Lake Worth, Fl 33461 (City/State and Zip Code)
For further information concerning this matter, please call:
Melissa S. Jansen at 501, 540-4460 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Melissa S. Jansen, hereby resign as Director (Title)
of Woodwork Solutions Incorporated
(Name of Corporation)
PO100093438 a corporation organized under the laws of the State of
(Document Number, if known)
Florida

(Signature of resigning officer/director)

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

FILING FEE IS \$35.00

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

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