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T. ROBERTS

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Benefit Solutions In The Work place (Name of Corporation)
DOCUMENT NUMBER: P02000 112435
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vicki Barkley (Name of Person)
Benefit Solutions In The Workplace (Name of Firm/Company)
1272 NW 52 Way (Address)
Deerfield Beach F 33442 (City/State and Zip Code)
For further information concerning this matter, please call:
Vicki Barkley at (954) 650-8984 (Area Code & Daytime Telephone Number)

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

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Vicki Barkley	, hereby resign as Residen	<u>t</u>
of Benefit Solutions (Name of Corpo	In The Workplace	. IAC.,
PO200112435, a co	orporation organized under the laws of the S	tate of
Florida		grvisi 12
(Signature	Bookly re of resigning officer/director)	ASION OF COMPONATION 12 DEC -5 PM 12: 0

## 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