

P03000062713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

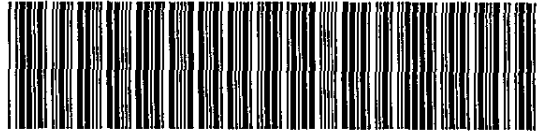
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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Work services of Southwest FL Inc.  
(Name of Corporation)

DOCUMENT NUMBER: PD 30000 62713

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael L. Jacke  
(Name of Person)

Work services  
(Name of Firm/Company)

5791 Standing Oaks Lane  
(Address)

Naples FL 34119  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Jacke at (239) 948-3379  
(Name of Person) (Area Code & Daytime Telephone Number)

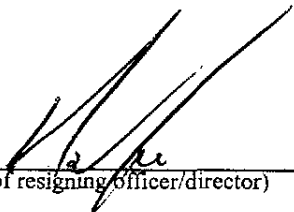
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Michael L Jacke, hereby resign as SD  
(Title)  
of WORK SERVICES OF SOUTHWEST FL. INC.  
(Name of Corporation)  
9030000 62713, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

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05 JUN 28 PM 4:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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