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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: THE WORK GROUP LIMITED, INC.
(Name of Corporation)
DOCUMENT NUMBER: P03000140215
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
CHARLENE THOMASON
(Name of Person)
WORK Group Ltd. Inc. (Name of Firm/Company)
8213 MILL CREEK LANE
(Address)
HUDSON, FL 34667
(City/State and Zip Code)
For further information concerning this matter, please call:
CHARLENE THOMASON at ( 813 ) 426-5820
CHARLENE THOMASON at (813) 426-5820 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JAMES STONE	NE , hereby resign :	DIRECTOR	
	,,g., .us_	(Title)	
of THE WORK GROUP LI	IMITED, INC.		
· · · · · · · · · · · · · · · · · · ·	(Name of Corporation)		
P03000140215	, a corporation organized un	, a corporation organized under the laws of the State of	
(Document Number, if known	n)		
FLORIDA			

(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