

P03000140215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

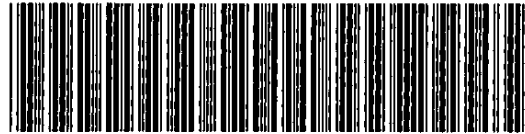
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700113459677

01/07/08--01008--023 **35.00

Dr/Di Corp

FILED

08 JAN - 7 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JAN 09 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

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:

JOHN C HANSFORD

(Name of Person)

THE WORK GROUP LIMITED, INC

(Name of Firm/Company)

4385 NE 25TH TER

(Address)

OCALA, FL 34479

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN C HANSFORD

(Name of Person)

at (813) 426-6718

(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**

I, CHARLENE THOMASON, hereby resign as PRESIDENT/SECRETARY
(Title)

of THE WORK GROUP LIMITED, INC.,
(Name of Corporation)

P03000140215, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

Charlene Thomason
(Signature of resigning officer/director)

FILED
08 JAN -7 PM 3:59
SECRETARY 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