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(C	City/State/Zip/Phone #)
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## **COVER LETTER**

ŢO:	Amendment Section Division of Corporations
SUB.	JECT: Willtigue Incorporated
002	(Name of Corporation)
DOC	UMENT NUMBER: P07000110939
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Mar	y K Blazevich Accountant
	(Name of Person)
C/O	G & N Works, Inc
	(Name of Firm/Company)
529	1 Shadowlawn Ave
	(Address)
Tam	pa, FL 33610
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Mary	(Name of Person) at (813) 299-6715 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle assee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Michael L Williams	, hereby resign as Vice Pres/Treas/Director
	(Title)
of Willtigue Incorporated	
(Name	e of Corporation)
P07000110939 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
X m	Signature of resigning officer/director)  SECOLIARY OF STATE OF ST

## 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