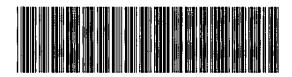
r^{*} :		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





100185477361

10/04/10--01019--014 **35.00

10 OCT -L AM ID: 1-2

0D/Res 0D/S/10

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. LEIGHA KOLLAR	, hereby resign as VICE PRESIDENT	
7	(Title)	
of_WADES WORK INC		
(Name o	of Corporation)	, , , , , , , , , , , , , , , , , , ,
P09000027082 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA		
Leigh	gnature of resigning officer/director)	SECRETARY OF STATION IN A SECRETARY OF SECRE

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