

P10000016687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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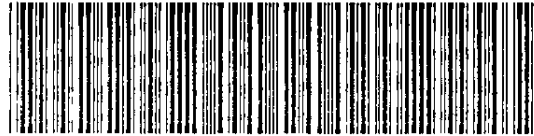
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WORK Solutions STAFFing Company  
(Name of Corporation)

**DOCUMENT NUMBER:** 607.0842

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

Please return all correspondence concerning this matter to the following:

MARIA ACOSTA  
(Name of Person)

WORK Solutions STAFFing Company  
(Name of Firm/Company)

14016 MARTINIQUE DR.  
(Address)

OLANDO FL. 32824  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA ACOSTA at (407) 709-1521  
(Name of Person) (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, MARIA ACOSTA, hereby resign as Secretary  
(Title)

of WORK SOLUTIONS STAFFING Company,  
(Name of Corporation)

607.0872, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

Maria Acosta  
(Signature of resigning officer/director)

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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