

**L03000011741**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

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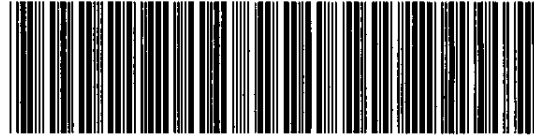
Special Instructions to Filing Officer:

**A. LUNT**

SEP 30 2008

**EXAMINER**

Office Use Only



**400136370674**

09/29/08--01021--002 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 SEP 29 P 2:53

**FILED**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WB CONSTRUCTION MANAGEMENT, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TIMOTHY BURSIEK

(Contact Person)

WB CONSTRUCTION MANAGEMENT, LLC

(Firm/Company)

113 SW DONNA TERRACE

(Address)

PORT ST LUCIE, FL 34984

(City/State and Zip Code)

2008 SEP 29 P 2: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

For further information concerning this matter, please call:

TIMOTHY BURSIEK

(Name of Contact Person)

at ( 772 ) 873-2084

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

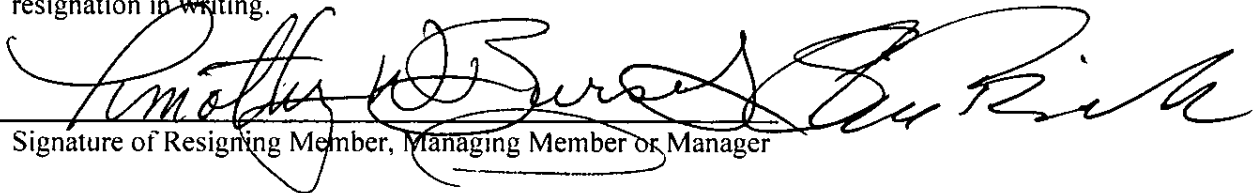
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WB CONSTRUCTION MANAGEMENT, LLC

2. This limited liability company was organized under the laws of:  
STATE OF FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L03000011741

4. I, SHARON BURSIEK, hereby resign as a MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)