105000048079

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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAR 2 0 2009



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2007

MARIE LONG ALOMARI WPB ASSOCIATES, LLC 6542 HYPOLUXO ROAD, SUITE 157 LAKE WORTH, FL 33467-7678

SUBJECT: WPB ASSOCIATES, LLC

Ref. Number: L05000048079

DIVISION OF BANIS 27

We have received your document for WPB ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 807A00019260

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WPB ASSOCIATES 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:
MARIE LONG ALOMARI (Contact Person)
(Firm/Company)
6542 HYPOLUXO ROAD SUITE #157
LAKE WORTH FLA 33467-7678 (City/State and Zip Code)
For further information concerning this matter, please call:
MARIE L ALOMAEI at (TGI) 4366333 (Name of Contact Person) (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 P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

				the Florida Department
of State is:	WPB	A SSOCIA	TES, LLC	P
2. This limited liab			•	OT HAY -4 AMII: 27
3 The Florida docu	ıment/registra	tion number of thi	s limited liability compa	nv is:
•	•		s minica natinity compa	iiiy is.
L050	0000 4	8709	_·	27
4. I, MARIA	E LONG Jame of Person R	ALOMARI esigning)	_, hereby resign as a	MANAGER (Print Title)
	bility company		mited liability company	
<u>Maré</u>	Sme	1		
Signature of Resi	gning Membe	r, Managing Mem	ber or Manager	
Filing Fee:	\$25.00 (Re	equired)		
Certified Copy:	\$30.00 (O _I	otional)		