

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ROCKE MCLEAN & SBAR
Account Number : 120080000020
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WB5 PROPERTIES, LLC**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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**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: WB5 PROPERTIES LLC
2. This limited liability company was organized under the laws of:
FLORIDA
3. The Florida document/registration number of this limited liability company is:
L09000021778
4. I, MICHAEL DAVID VILLA, 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)

CR2B079 (5/06)

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