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Certified Copies	c	ertificates of	Status		
Special Instructions to Filing Officer:					
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COVER LETTER

Division of Corporations	
SÜBJECT: WPB 3 LLC	
(Name of Lin	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted fo
Please return all correspondence concerning	this matter to:
MICHELLE CUMMINS	
(Contact Person)	
BOOKKEEPING & MORE	
(Firm/Company)	
PO BOX 101362	
(Address)	
FORT LAUDERDALE, FL 33310)-1362
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
ANTONIO AGLIONE	at (_954) 647-0897
(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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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

1. The name of the of State is: WF	limited liability company as PB 3 LLC	it appears on the records	of the Florida Department
2. This limited liab	oility company was organized	l under the laws of:	
3. The Florida doc L1100009	ument/registration number of 7031	f this limited liability com	pany is:
4. I, ANTONIO		, hereby resign as a _	MGRM
of this limited lia	lame of Person Resigning) bility company and affirm the iting.effective olate	e limited liability compan	(Print Title)
Signature of Res	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		12 HAR