## P0200034212

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ry/State/Zīp/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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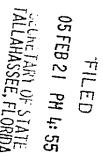


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## TRANSMITTAL LETTER

TO: Amendment Section
SUBJECT: W.B. Improvements, Inc.
(reduce of Corporation)
DOCUMENT NUMBER: P02000034212
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Eduardo Dozzi Barbugli (Name of Person)
(Name of Folson)
W.B. Improvements, Inc.  (Name of Firm/Company)
(Name of Person)  W.B. Improvements, Inc.  (Name of Firm/Company)  7802 Kingspointe Parkway Suite 207A  (Address)  Orlando, FL 32819
Orlando, FL 32819  (City/State and Zip Code)
For further information concerning this matter, please call:
Eduardo Barbugli at (407 ) 226-2651  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Rodrigo D	Calza	hereby resign as Director
, <del></del>		(Title)
of W.B. Improv	vements, Inc.	Name of Corporation)
	(1	Name of Corporation)
P02000034212 (Document N	umber, if known)	, a corporation organized under the laws of the State of
Florida		<u>and and the state of the state</u>
	<u> </u>	(Signature of resigning officer/director)  ASSET THE DATE OF STATE

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