

PO6000029058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

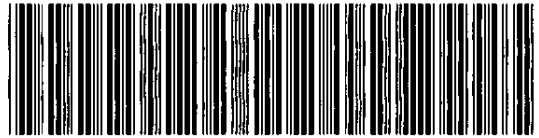
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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@ 2/14/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WBM Corporation  
(Name of Corporation)

DOCUMENT NUMBER: PO6 0000 29058

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jo DeSanto-Cohen  
(Name of Person)

WBM Corporation  
(Name of Firm/Company)

403 SE 21<sup>st</sup> Street  
(Address)

Cape Coral FL 33990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jo DeSanto-Cohen at ( 239 ) 229-9252  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Karen Gilbert, hereby resign as Secretary  
(Title)

of WBM Corporation  
(Name of Corporation)

PO 6000029058, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

Karen Gilbert  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 FEB 12 AM 11:10

**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