## P08000098347

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
•			
PICK-UP WAIT MAIL			
(Business Entity Name)			
, , ,			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SEGRETARY OF STATE
SEGRETARY OF STATE
ALL AHASSEE, FLORIO

Resign. 07-23-09

## **COVER LETTER**

	ndment Section ion of Corporations		
SUBJECT:	W H AND B H INC		
· •		(Name of Corpor	ration)
DOCUMEN	T NUMBER: P08	000098347	· · · · · · · · · · · · · · · · · · ·
The enclosed	Officer/Director Resig	gnation for a Corporation	n and fee are submitted for filing
Please return	all correspondence co	ncerning this matter to th	ne following:
NANCI FO	LK		
	(Name of Pers	son)	· '
	(Name of Firm/Co	ompany)	• •
14343 CHI	NESE ELM DR		
	(Address)		•
ORLANDO	FL	32828	
	(City/State and Zi	p Code)	•
For further in	formation concerning	this matter, please call:	
NANCI FOL	.K	at ( 561	827-8431
-	(Name of Person)	(Area Cod	) 827-8431 e & Daytime Telephone Number)
Enclosed is a	check for \$35.00 mad	le payable to the Florida	Department of State.
Street Addre Amendment : Division of C Clifton Build 2661 Executi Tallahassee, 1	Section orporations ing ve Center Circle	Mailing Address: Amendment Section Division of Corporatio Post Office Box 6327 Tallahassee, FL 32314	ns ‡

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

T WILLIAM H HIGGINS	, hereby resign as_	PRESIDENT/TREASURER	
**		(Title)	
of WHANDBHINC			
	me of Corporation)	3	
P08000098347	, a corporation organized under the laws of the State of		
(Document Number, if known)	nown)		
FLORIDA	•		

**FILING FEE IS \$35.00** 

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314