## 94000039490

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		

Office Use Only

DD/Res (10/10/26/07



200110964822

10/25/07--01028--010 \*\*35.00

07 0CT 25 PHI2: 23

SECRETARY OF STATE
SECRETARY OF STATE

.

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: W.B. Properties Inc. (Name of Corporation)
DOCUMENT NUMBER: P94000039490
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Budd E. Citawitz (Name of Person)
(Name of Firm/Company)
11401 Sw 40 th Street, Suite 370 (Address)
Micumi, FL 33165 (City/State and Zip Code)
For further information concerning this matter, please call:
Budd E. Litowitz at (305) 794-0894  (Name of Person) (Area Code & Daytime Telephone Number)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Robert Citowitz	
•	(Title)
of W.B. Properties	of Corporation)
P9400039490 (Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	_·

(Signature of resigning officer/director)

**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

SECRETARYOF STATE DIVISION OF CARROTION 07 OCT 25 PM 12: 23