

P960000089703

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

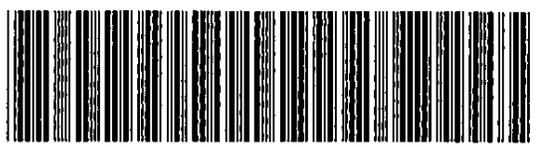
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 25 PM 12:23

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** W.B. Hotel, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PA16000089703

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. Litowitz  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

11401 SW 40<sup>th</sup> Street, Suite 370  
(Address)

miami, 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)

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

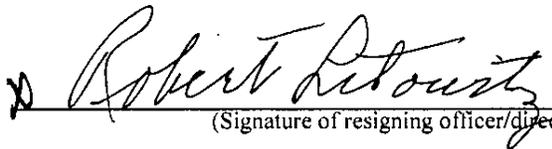
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Robert Litowitz, hereby resign as Director  
(Title)

of W.B. Hotel, Inc.  
(Name of Corporation)

996000089703, a corporation organized under the laws of the State of  
(Document Number, if known)

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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 25 PM 12: 23**