

668091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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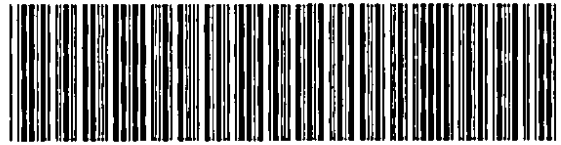
(Business Entity Name)

(Document Number)

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F-11-010

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BARRY'S ENTERPRISES, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 668091  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Beth Ann Fasold-Sapp  
\_\_\_\_\_

(Name of Person)

BARRY'S ENTERPRISES, INC.  
\_\_\_\_\_

(Name of Firm/Company)

1801 N Washington Blvd  
\_\_\_\_\_

(Address)

Sarasota, FL 34234  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Beth An Fasold-Sapp  
\_\_\_\_\_

(Name of Person)

at ( 941 ) 953-3468

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

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

**Street Address:**

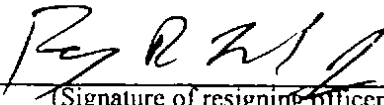
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FASOLD, BARRY R. JR., hereby resign as President  
(Title)

of BARRY'S ENTERPRISES, INC.  
(Name of Corporation)

Florida Profit Corporation, a corporation organized under the laws of the State of  
(Document Number, if known)  
668091

  
(Signature of resigning officer/director)

NOV 12 PM 5:05  
668091

**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