(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Statu	s	
Special Instructions to Filing Officer:		

Office Use Only



900080576319

10/16/06--01018--018 **35.00

COVER LETTER

B.B. FOOD STORE, INC (Name of Corporation) P01000011963 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAHMOUD AHMAD (Name of Person) **B.B. FOOD STORE, INC** (Name of Firm/Company) 2325 119TH STREET (Address) LARGO, FL 33778 (City/State and Zip Code) For further information concerning this matter, please call: **FERNANDO GUSMAO** at (727) 403-9642 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section
Division of Corporations Mailing Address: Amendment Section Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATIONS FOR A CORPORATION 16 ... AM 11:01

I. AHMAD, NOFAN AA	, hereby resign as VICE PRESIDENT
	(Title)
of_ B.B. FOOD STORE, INC	,
(Name of C	forporation)
P01000011963	corporation organized under the laws of the State of
(Document Number, if known)	•
Florida	
/(Sign)	ature 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