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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUB.	SECT: Bob & Debbie's Inc
	(Name of Corporation)
DOC	UMENT NUMBER: P060000083375
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Deb	orah Waldorf
	(Name of Person)
Bob	& Debbie's Inc
_	(Name of Firm/Company)
870	-43 Saxon Blvd
	(Address)
Ora	nge City, Florida 32763
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Deb	orah Waldorf at (407) 948-1335 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Amendment Section ion of Corporations on Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OT SEP 21 AM 10: 23
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

· · · · ·	, Todd Waldorf	, hereby resign as Director
.,		(Title)
ofBob & Debbie's		
	(Name o	f Corporation)
P060000083375		, a corporation organized under the laws of the State of
(Document Numb	per, if known)	· -
Florida		
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•	ξ.	
~ _``	3	
	(S i	gnature of resigning officer/director) TODD WALDORF

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