

PO700011734B

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

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

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

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

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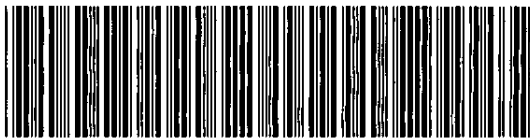
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BARRACUDA BOB'S, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000117343

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

Please return all correspondence concerning this matter to the following:

THOMAS CLAYBAR

(Name of Person)

BARRACUDA BOB'S INC

(Name of Firm/Company)

4065 FOWLER ST

(Address)

FT MYERS, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS CLAYBAR

(Name of Person)

at ( 239 ) 272-6444

(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

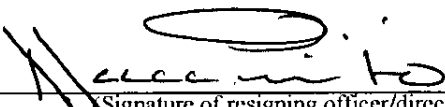
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARK V PINTO, hereby resign as Director  
(Title)

of BARRACUDA BOB'S INC  
(Name of Corporation)

P07000117343, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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