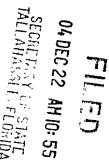
P02000085085

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



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12/22/04--01013--005 **35.00



Sticurs Resignation

Office Use Only

T BROWN DEC 3 0 2004

TRANSMITTAL LETTER

SUBJECT: Founders Capital Corporation (Name of Corporation)	
DOCUMENT NUMBER: P02000085085	
The enclosed Officer/Director Resignation for a Corporation and fee are submit	ted for filing
Please return all correspondence concerning this matter to the following:	
Michael Candito	
(Name of Person)	
Founders Capital Corporation	
(Name of Firm/Company)	
500 N Westshore Blvd Suite 920	
(Address)	
Tampa, FL 33609	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Candito at (813) 637-9500 (Name of Person) (Area Code & Daytime Telepho	
(Name of Person) (Area Code & Daytime Telepho	ne 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 409 E. Gaines Street Tallahassee, FL 32399	

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

04 DEC 22 AM 10: 55

TALLAHASSEE, FLORIDA

_t Andy Insua	, hereby resign as President/Director
**	(Title)
of_Founders Capital Corporation (Name of	of Corporation)
P02000085085 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	_·
	Som
(Si	gnature 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