

PO3000056851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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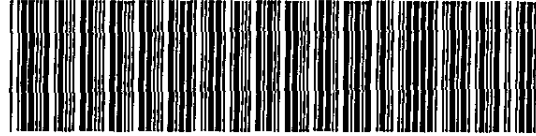
(Business Entity Name)

(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

10/25/04  
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TS/10/25/04

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAPSTONE Sight & Sound of Florida Inc  
(Name of Corporation)

**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:

James Richards  
(Name of Person)

CAPSTONE Sight & Sound of Florida Inc.  
(Name of Firm/Company)

3911 W. SWANN AVE  
800 S. GOLF VIEW BLVD #901  
(Address)  
Tampa FL 33609

CLEARWATER FL 33767  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Richards at ( 813 ) 368-0863  
(Name of Person) (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  
409 E. Gaines Street  
Tallahassee, FL 32399


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JAMES RICHARDS, hereby resign as PRESIDENT  
(Title)

of CAPSTONE SIGHT & SOUND OF FLORIDA, INC  
(Name of Corporation)

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

FLORIDA

  
(Signature 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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA