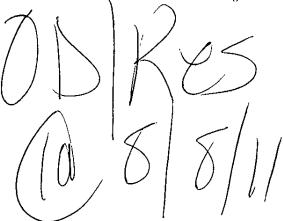
(Re	equestor's Name)	<del>"</del>					
ř. (Ac	(Address)						
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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## **COVER LETTER**

Division of Corporations					
SUBJECT: Video Install Peofessionals, Audio + Security INC (Name of Corporation)					
DOCUMENT NUMBER: POSOO 152 154					
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
KAthleen Kushmider (Name of Person)					
(Name of Firm/Company)					
420 BIGINDIAN LOOP					
Moders VIIIe NC 28117 (City/State and Zip Code)					
For further information concerning this matter, please call:					
KAthleen Kushmider at (R63) 602-3591 (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 Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>K</u> a	thleew	Kushmia	hereby re	sign as SECR	FLARY (Title)	DIRECTOR
of	ideo -	Install (Name of C	Profession)	ionals,	Audio	+ Sợcur ty Mc
Page 1	05000 ocument Number	152 154	• /	ized under the law	s of the State of	ŗ
FI	orida	·				

Kathleen Kushnider 7/8/1/
(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 FILLED STATIONS
SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
11 AUG -8 PH 2: 29