

P08000101530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

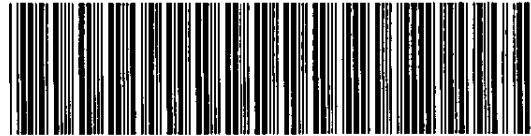
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 SEP 27 PM 2:41

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SEP 28 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

Video & Sound Specialists Inc.

SUBJECT: _____
(Name of Corporation)
P08000101530

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:

Kirenia Lopez

(Name of Person)

Video & Sound Specialists Inc.

(Name of Firm/Company)

6931 West 29th Way.

(Address)

Hialeah, Florida 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

Kirenia Lopez _____ at (786) 419-3402
(Name of Person) (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

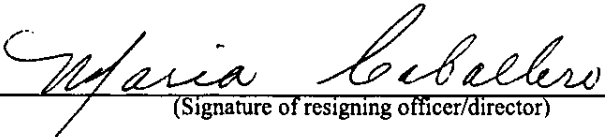
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 27 PM 2:41

Maria Caballero Officer Director
I, _____, hereby resign as _____
(Title)

Video & Sound Specialists Inc.
of _____
(Name of Corporation)

P08000101530
_____, 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