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(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730 MAILING ADDRESS: P. O. BOX 3239 TAMPA, FLORIDA 33601-3239 TEL (813) 223-7000 FAX (813) 229-4133

.

February 20, 2004

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

Resignation of Registered Agent

DMI Services, Inc.

Gentlemen:

Please find enclosed a resignation of registered agent form for DMI Services, Inc. Also enclosed is Carlton Fields' Check No. 334808 in the amount of \$87.50 for the filing fee.

Very truly yours,

Joyce F. Bentubo

Administrative Assistant

JFB/mlb Enclosures

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CFRA, LLC
(Name of registered agent) OELTA MARKETING, INC/LAR
hereby resigns as Registered Agent for <u>DMI SERVICES, INC</u> (Name of corporation)
(Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. Signature of resigning agent)
If signing on behalf of an entity:
PETER J. WINDERS (Typed or Printed Name)
VICE PRESIDENT (Capacity) VICE PRESIDENT (Capacity) APRIL ARR SSR 2
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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