534768

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| (Requestor's Name) | |
| (Address) | <u> </u> |
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| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Nar | me) |
| | , |
| (Document Number) | |
| Certified Copies Certificates | s of Status |
| Special Instructions to Filing Officer: | |
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Office Use Only



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O6 JUN 23 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 6/30/06

CCH LEGAL INFORMATION SERVICES

_ 111 Eighth Avenue New York, NY 10011 June 19, 2006

Re: DIVERSIFIED CAPITAL CORPORATION OF TENNESSE (FL. DOM.)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for Service of Process for each of the above corporations. Also enclosed is 1 check in the amount of <u>\$87.50</u> to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (il)

Theresa Alfieri Senior Supervisor & Assistant Secretary

1'A: il enclosure

June 19, 2006

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Theresa Alfieri Senior Supervisor & Assistant Secretary

TA: il enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| FIL | -ED |
|---------------------------------------|----------|
| VO JUN 22 | |
| SECRETARY TALLAHASSEE 617.1509, | OF STATE |
| 617.1509, | ·FLORIDA |

| Pursuant to the provisions of sect | tions 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|--|
| Florida Statutes, the undersigned, | C T CORPORATION SYSTEM |
| , Statutet, the annual British | (Name of Registered Agent) |
| 5 1 | DIVERSIFIED CAPITAL CORPORATION OF |
| hereby resigns as Registered Age | (Name of Corporation) |
| J34768 | |
| (Document Number, if known) | |
| A copy of this resignation was m | ailed to the above listed corporation at its last known address. |
| The agency is terminated and the this statement is filed. | office discontinued on the 31st day after the date on which |
| 2he | Olf |
| | (Signature of Resigning Agent) |
| If signing on behalf of an entity: | U |
| C T COR | PORATION SYSTEM - THERESA ALFIERI |
| . | (Typed or Printed Name) |
| | ASSISTANT SECRETARY |
| | (Capacity) |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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