

K 76400

Requestor's Name	
<i>See next pg.</i>	
Address	
City/State/Zip	Phone #

Office Use Only

FILED
97 NOV 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

700002343547--9
-11/17/97--01148--003
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Resig.

VS NOV 24 1997



CT System

November 11, 1997

CT Corporation System
1633 Broadway
New York, NY 10019
212 246 5070

RE: DEVONSHIRE ESTATES AT P.G.A. NATIONAL, INC. (FL. DOM.)
DIALYSIS SUPPLIES, INC. (TN. DOM.)
D/B/A B & C SUPPLY COMPANY (TN. DOM.)
DIMENSION IV, INC. (FL. DOM.)
DIRECT LIST CORP. (FL. DOM.)
DIVERSIFIED INNKEEPERS, INC. (GA. DOM.)

Secretary of State
Corporate Records Bureau
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

200002348542--5
-11/11/97-01148-002
*****35.00 *****35.00

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 5 checks in the amount of \$35.00 each to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed carbon copy of this letter. For your convenience, we enclose a stamped self addressed envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri
Theresa Alfieri
Senior Supervisor &
Assistant Secretary
TA: hm
enclosure



Florida Department of State, Jim Smith, Secretary of State

FILED
97 NOV 17 PM 3:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the

undersigned, C T CORPORATION SYSTEM hereby resigns as
(name of registered agent)

Registered Agent for DIMENSION IV, INC.
(name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF Florida

A copy of this resignation was mailed to the above listed corporation at its last known address.

Dimension IV, Inc.
PO Box 57117
New Orleans, LA 70157

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.


SIGNATURE
ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation

\$35.00-Administratively Dissolved Corporation