11000028076

	(Requestor's Name)
······································	(Address)	
	(Address)	
	(City/State/Zip/Phor	ne #)
PICK-UI	P WAIT	MAIL
	(Business Entity Na	me)
	(Document Number	•)
Certified Copies	Certificate	es of Status

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05/04/11--01039--006 **25.00

Special Instructions to Filing Officer:

L. SELLERS

MAY -9 2011

EXAMINER

Office Use Only

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: DIAMOND C INTERNET	
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
CAROL A BLODGETT	
(Contact Person)	
(Firm/Company)	
5618 Bayou Grande Blvd NE	
(Address)	
ST. PETERSBURG, FL. 33703	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
	1 (727) 525-7971
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
✓ \$25 Filing Fee	\$55 Filing Fee &
_	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		s of the Florida De	partment
2. This limited liab	ility company was organized	under the laws of:		
3. The Florida doce L11000028	ument/registration number of 3076	fthis limited liability con	npany is:	
of this limited liability company and affirm the lim		, hereby resign as a		
resignation in wr	Lodgett gning Member, Managing M	lember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRE TA EL A	= = = = = = = = = = = = = = = = = = = =

CR2E079 (5/06)