M04000003506

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



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TI SEP 22 AM II: 34
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

SEP 23 2011

EXAMINER

September 16, 2011

RE: DCI ACQUISITION HOLDINGS LLC. (DE. DOM.)
INTERNATIONAL RAM ASSOCIATES, L.C. (TX. DOM.)
LEGENDS, LLC. (NY. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>75.00</u> to cover the required filing fee.

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

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ions of section 608.416(2) or 608.509, Florida Statt | utes, the undersigned, | | | |
|-------------------------|--|--|----------------|---------------|--------|
| C T CORPORATION SYSTEM | | , hereby resigns as | | | |
| | (Name of Registered Agent) | ., | | | |
| Registered Agent for _ | INTERNATIONAL RAM ASSOCIATES, L.C. | (TX. DOM.) | | | |
| | (Name of Limited Liability Company) | | | | |
| M04 | 000003506 | | | | |
| (Document Nu | mber, if known) | | | | |
| A copy of this resigna | tion was mailed to the above listed limited liability | company at its last kno | wn add | ress. | |
| The agency is termina | ted and the office discontinued on the 31st day after | r the date on which this | statem | ent is | filed. |
| | (Signature of Resigning Agent) | | | | |
| If signing on behalf of | an entity: | | . ज | | |
| | C T CORPORATION SYSTEM - Theresa Al | fieri | 3E0 | | |
| | (Typed or Printed Name) ASSISTANT SECRETARY | | RETARY | SEP 22 | |
| | (Capacity) | | Y OF STATE | 2 AM II: 3% | |
| | ### Style="font-size: 150%;" Style="font-size: 150%;" Style="font-size: 150%; withdrawn limited liabilists: 150%; withdrawn liabilists: 150%; with | ompany ed/voluntarily dissolve ity company | ed/ | | |

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