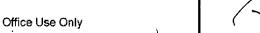


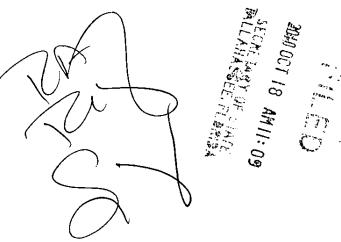
(Re-	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



10/18/10--01026--018 **35.00







COVER LETTER

	TO: Amendment Section Division of Corporations
	SUBJECT: Two Black Diamindo (Name of Corporation)
	DOCUMENT NUMBER: PO900005255
	The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
	Please return all correspondence concerning this matter to the following:
C	Mickey L. Pulcini (Name of Person)
	Pulcini Productions
	(Name of Firm/Company)
	P_0 B_{0x} $8/3$ (Address)
	HAN thonne FC 32640 (City/State and Zip Code)
	For further information concerning this matter, please call:
	Micken L. Rulcni' at (352) 481-5145 (Name of Person) at (352) (Area Code & Daytime Telephone Number)
	Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, // (Name of Registered Agent)
hereby resigns as Registered Agent for Two Black Diaminds Inc. (Name of Corporation)
(Document Number, if known)
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.
Inches Lolling
If signing on behalf of an entity:
If signing on behalf of an entity:
(Typed or Printed Name)
(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