## P93000028862

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

Office Use Only



200040628712

09/01/04--01061--009 \*\*35.00

09/01/04--01061--008 \*\*8.75

OL SEP - 1 PM 1: 19
SECRETARY OF STATE



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DIVERSIFIED MANAGED INVESTMENTS, INC. (Name of Corporation)
DOCUMENT NUMBER: P 930000 28862
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:
KENNETH SUHANDON (Name of Person)
(Name of Firm/Company)
318 S. POWERLINE ROAD (Address)
DEREFIELD JEACH, FL 33442 (City/State and Zip Code)
For further information concerning this matter, please call:    LENNETH JUHA-DICON   at (954) 428 2224 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## 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, Kenneth Suhandran (Name of Registered Agent)
hereby resigns as Registered Agent for DIVERSIFIED MANAGED INVESTMENTS TWO.  (Name of Corporation)
P 93 0000 28862 (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.
(Signature of Resigning Agent)  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withdrawn corporation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