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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #1
	₩AIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	cument Number)	
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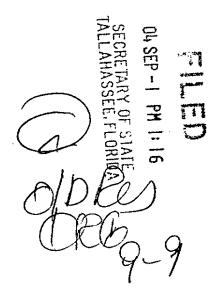


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09/01/04--01061--006 **35.00

09/01/04--01061--007 **8.75

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TRANSMITTAL LETTER

SUBJECT: DIVERSIFIED MANAGED INVESTMENTS INC. (Name of Corporation)
1 ,
DOCUMENT NUMBER: P 93 00 00 288 62
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
(Name of Firm/Company)
318 SOUTH POWERLINE ROAD
(Address)
DEERFIELD JEACH FL 33442 (City/State and Zip Code)
For further information concerning this matter, please call:
MENNETH SUHANDRON at (954) 428 2224 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION CAPACITATION PHOTOS CORPORATION

I, KENNETH SUHANDRON, hereby resign as PRESIDENT

(Title)

Of Diversified Managed Investments, Inc.

(Name of Corporation)

P 93 0000 Z88 62

(Document Number, if known)

FLORIDA

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314