## P46000036249

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

Office Use Only



800066185598

03/01/06--01011--004 \*\*35.00

2006 FEB 20 AM II: 37

BJ. Pasign-

Couldette MAR 0 1 2006

## COVER LETTER

Division of Corporations Diversified Asset Management, Inc. (Name of Corporation) P96000036249 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Eileen K. Weber (Name of Person) Diversified Asset Management, Inc. (Name of Firm/Company) 777 S. Harbour Island Blvd., #260 (Address) Tampa, FL 33602 (City/State and Zip Code) For further information concerning this matter, please call: Lawrence R. DeMarcay, III (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section
Division of Corporations Amendment Section

Division of Corporations

Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> David J. DeMarcay	, hereby resign as Director/ Vice President
	(Title)
of Diversified Asset Managemen	nt, Inc.
(Name	of Corporation)
P96000036249 (Document Number, if known)	, a corporation organized under the laws of the State of
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