

P06000033698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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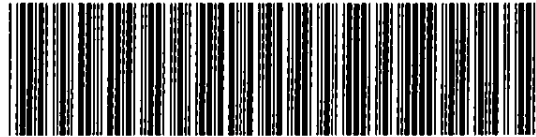
(Business Entity Name)

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TALLAHASSEE, FLORIDA

Off Resign
Tewis
4-8-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dragonfi Inc
(Name of Corporation)

DOCUMENT NUMBER: P0300124215

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mohamad Elzein

(Name of Person)

Dragonfi Inc.,

(Name of Firm/Company)

2699 Stirling Road A 304

(Address)

Fort Lauderdale, Florida 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

Mohamad Elzein

(Name of Person)

at (954) 964-3363

(Area Code & Daytime Telephone Number)

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2008

MOHAMAD ELZEIN
DRAGONFI, INC.
2699 STIRLING ROAD, SUITE A304
FORT LAUDERDALE, FL 33312

SUBJECT: DRAGONFI, INC.
Ref. Number: P06000033698

The fee to resign as officer/director for a corporation is \$35 per person resigning.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 108A00018545

RECEIVED
2008 APR -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2008 APR -8 PM 4: 25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, William B. Cox, hereby resign as President /Director
(Title)

of Dragonfi, Inc.
(Name of Corporation)

P0300124215, a corporation organized under the laws of the State of
(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