

P07000003172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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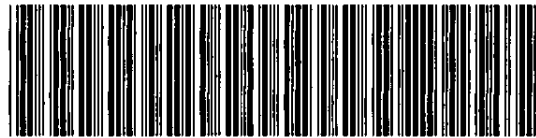
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O/D Resign.

07-11-07

DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dragonre, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000003172

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

Please return all correspondence concerning this matter to the following:

William B. Cox  
(Name of Person)

Dragonre, Inc.  
(Name of Firm/Company)

2699 Stirling Road Suite A304  
(Address)

Fort Lauderdale, Florida 33312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jo Ann at ( 954 ) 964-3363  
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Richard Alfieri, hereby resign as Vice President  
(Title)

of Dragonre, Inc.  
(Name of Corporation)

P07000003172, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

*Richard P. Alfieri*  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
07 JUL -2 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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