

P99000043984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

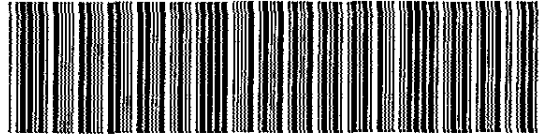
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500027399985

01/22/04--01048--016 **1575.00

P99000043984
RMR 1-23-04
38

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dragon's Tale, Inc.

(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Stephen Presser

(Name of Person)

c/o KPS Special Situations Fund

(Name of Firm/Company)

200 Park Avenue, 58th Floor

(Address)

New York, New York 10166

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Presser

(Name of Person)

at (212) 338-5111

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, 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, Edwin Presser

(Name of Registered Agent)

hereby resigns as Registered Agent for Dragon's Tale, Inc.

(Name of Corporation)

(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.

Edwin Presser / by Stephen Presser POA
(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withdrawn corporation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