## N9900000012

(Re	equestor's Name)	
(Ac	ddress)	·
<u> (Δ</u>	dress)	
(/ //		
		<u> </u>
(Ci	ty/State/Zip/Phone #	)
<b></b>		
☐ PICK-UP	☐ WAIT	MAIL
	usiness Entity Name	)
ζ-		,
(De	ocument Number)	
Certified Copies Certificates of Status		f Status
<u> </u>		
Special Instructions to	Filing Officer:	

Office Use Only



300130491573

08/30/10--01059--006 \*\*87.50

RA Resign

10 AUG 30 PM 2: 54
SECKEINATION STATE

# Roberts SEP 0 1 2019

## **COVER LETTER**

SUBJECT: 13 UGLY MEN FOUNDATION (1)	Name of Corporation)
OCUMENT NUMBER: N990000000	12
he enclosed Resignation of Registered Ago	ent for a Corporation and fee are submitted for filing
lease return all correspondence concerning	g this matter to the following:
PATRICK R SMITH	
(Name of Person)	
P R SMITH LAW GROUP P A	
(Name of Firm/Company)	
901 W HILLSBOROUGH AVE	
(Address)	
TAMPA FL 33603	
(City/State and Zip Code)	
or further information concerning this mat	ter, please call:
PATRICK R SMITH	at (813) 404-2905 (Area Code & Daytime Telephone Number)
(Name of Person)	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

## 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, PATRICK R SMITH
(Name of Registered Agent)
hereby resigns as Registered Agent for 13 UGLY MEN FOUNDATION INC.
(Name of Corporation)
N9900000012
(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.  (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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