| (Reque                        | stor's Name)     |        |
|-------------------------------|------------------|--------|
| (Addres                       | ss)              |        |
| (Addres                       | ss)              |        |
| (City/St                      | ate/Zip/Phone #) |        |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Ugly Coyote Corporation (Name of Corporation)   |
| DOCUMENT NUMBER: 103 0000 25 189   |
| 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:                        |
| DEANNE TERRELL (Name of Person)  |
| (Name of Person)   |
| (Name of Firm/Company)   |
| 3526 Whitehall Dr # 101  |
| West Palm Beach, H. 33401  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                     |
| (Name of Person) at (57) 615-8990 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, JEANNE FREELL (Name of Registered Agent)   |             |           |  |
| hereby resigns as Registered Agent for Ugly Counter Corporation)  Po 3 000025 189  (Document Number, if known)  | atio        | n,        |  |
| A copy of this resignation was mailed to the above listed corporation at its last know  | wn addr     | ess.      |  |
| The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.  (Signature of Resigning Agent)  If signing on behalf of an entity: | on which    | 51 AON 10 |  |
| (Typed or Printed Name)   | EE, FLORIDA | PM 3: 57  |  |
| (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