4900003330

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	,



02/04/08--01015--020 **35.00

EB-4 PM 2: 18
ETARY OF STATE
HASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FIRST NATIONAL BANKCARD, I	
(Name o	f Corporation)
DOCUMENT NUMBER: P99000053330	
The enclosed Resignation of Registered Agent for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Albert Vernon	
(Name of Person)	
(Name of Firm/Company)	
5337 Crossing Ln	
(Address)	
Dublin, OH 43016-5208	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Albert Vernon at (614 923-8276 Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Dor \$35.00 for an administratively dissolved, volun	repartment of State for \$87.50 for an active corporation tarily dissolved or withdrawn corporation.
Street Address: Mailing Add	ress:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.0502(2)	7.1509,	
Florida Statutes, the undersigned, Albert E. Vernon IV		
(Name of Registered Agent)		
hereby resigns as Registered Agent for FIRST NATIONAL BANKCARD, INC	, ,,	
(Name of Corporation)		
P99000053330		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kn	own address.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on which	
(Signature of Resigning Agent)	-	
If signing on behalf of an entity:	2000 FEB -4 PM 2: 18 SECRETARY OF STATE TALLAHASSEE, FLORID	
(Typed or Printed Name)	ARY SSI	i i
	7	
	100 % 100 %	-
Capacity)	- 86 - 8	
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withdrawn corporation		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