

•		
(Requestor's Name)		
(Ad	dress)	
	dress)	
(Ad	idless)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
•		
(Do	cument Number)	
-		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



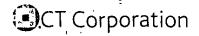
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SECRETARY OF STATE

A TANK

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111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax. www.ctlegalsolutions.com

April 28, 2010

RE: ANC INFORMATION TECHNOLOGY, INC. (DE. DOM.)

JET DIRECT AVIATION, INC. (DE. DOM.)

NATIONAL CAR RENTAL LICENSING, INC. (DE. DOM.)

NCRS INSURANCE AGENCY, INC. (DE. DOM.)

PF.NET CONSTRUCTION CORP. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>175.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ruisuant to the provisions of sections of	007.0302(2), 017.0302(2), 007.1309, 01 017.1309,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	NATIONAL CAR RENTAL LICENSING, INC. (DE. DOM) (Name of Corporation)	
F0(00000100((Name of Corporation)	
F96000001096	<u></u>	
(Document Number, if known)		
A copy of this resignation was mailed t	to the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which	
)A	Die	
(Si	ignature of Resigning Agent)	
If signing on behalf of an entity:	ν	
C T CORPORA	TION SYSTEM - THERESA ALFIERI	
	(Typed or Printed Name)	
AS	SSISTANT SECRETARY	
	(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