

M110000004450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

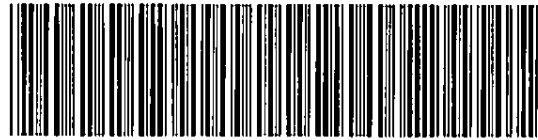
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600419944056

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2023 DEC 13 PM12:02

RECORDS DIVISION  
TALLAHASSEE, FLORIDA

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2023 DEC 13 AM11:27

RECORDS DIVISION  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/13/23  
Order #: 1333682-3  
Re: Insight Card Services, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find: - - -

Application for Certificate of Withdrawal

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'AUTH:'.

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Insight Card Services, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jo Mann

\_\_\_\_\_  
(Name of Person)

Green Dot Corporation

\_\_\_\_\_  
(Firm/Company)

4675 Cornell Road, Suite 280

\_\_\_\_\_  
(Address)

Cincinnati, OH 45241-2495

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jo Mann

\_\_\_\_\_  
(Name of Person)

at ( 626 ) 765-2928  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|---|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Insight Card Services, LLC  
\_\_\_\_\_  
(Name of limited liability company)

AL  
\_\_\_\_\_  
(Jurisdiction of its organization)

09/06/2011  
\_\_\_\_\_  
(Date registered with Florida Department of State)

M11000004450  
\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Amy Pugh  
\_\_\_\_\_  
(Signature of authorized representative)

Amy Pugh, Green Dot Corporation, Sole Member  
\_\_\_\_\_  
(Typed or printed name of signee)

FILED  
2023 DEC 13 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA