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(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: MERCHANT'S CREDIT CARD SERVICES. INC (Name of Corporation) DOCUMENT NUMBER: PO1000 56500
DOCUMENT NUMBER: P 0 000 56500
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:
(Name of Person)
MORCHANT'S CREDIT CARD STRUICES (Name of Firm/Company)
4694 S. E. Compass W.A.
STURCT FL. 34997 (City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{\text{Outcass Rollinos}}{\text{(Name of Person)}} \text{ at } \frac{\text{(772)} \ge 85 - 9863}{\text{(Area Code & Daytime Telephone Number)}}$
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

05 MAY 23 AM II: 56

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, ASSEE, FLORIDA
Florida Statutes, the undersigned, Rollings 1. Douglas S (Name of Registered Agent)
hereby resigns as Registered Agent for MERCHANT'S CREDIT CARD SERVICES (Name of Corporation)
(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:
1. DOUGLASS Rollings
(Typed or Printed Name)
PRESIDENT
(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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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