

NO70000011870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

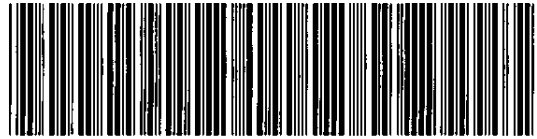
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MUNICIPAL GUARANTEE FUND INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N07000011870

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TOBY UNWIN  
(Name of Person)

MUNICIPAL GUARANTEE FUND INC.  
(Name of Firm/Company)

6996 PIAZZA GRANDE AVE #202  
(Address)

ORLANDO FL 32835  
(City/State and Zip Code)

For further information concerning this matter, please call:

TOBY UNWIN at (321) 293-0650  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661-Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JENNIFER BAKER, hereby resign as DIRECTOR.  
(Title)

of MUNICIPAL GUARANTEE FUND INC.,  
(Name of Corporation)

NO7000011870, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS  
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**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314