(Requestor's Name)	
(Address)	300131164103
(City/State/Zip/Phone #)	06/11/0801012011 **43
(Business Entity Name)	00/11/00 010/2 011 ***43
(Document Number) Certified Copies Certificates of Status	
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**43.75

COVER LETTER

Division of Corporations
SUBJECT: GUARDIAN INSURANCE GROUP INC. (Name of Corporation) DOCUMENT NUMBER: PO800000 2075
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JAMES P. HANDY (Name of Person)
(Name of Firm/Company) 37/6 HELP (22 m ROSE PLACE)
3716 HEIRLOOM ROSE PLACE (Address)
OVIEDO FL 32766 (City/State and Zip Code)
For further information concerning this matter, please call:
TAMES P. HANDY at (321) 356 - 1861 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

James P. Handy I.	President/Director, hereby resign as
	(Title)
Guardian Insurance Grou	p Inc.
	Name of Corporation)
P08000002075	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	

(Signature of resigning officer/director)

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