

P10000/00077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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O/D Resign.

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Guardian Care Services of Brevard, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000100077

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

Please return all correspondence concerning this matter to the following:

Erkys M. Bilbao, Pres.  
(Name of Person)

Guardian Care Services of Brevard, Inc.  
(Name of Firm/Company)

3350 SW 148 Ave, Suite 134  
(Address)

MILANIAN, FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

Erkys M. Bilbao at (786) 412-6372  
(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:**

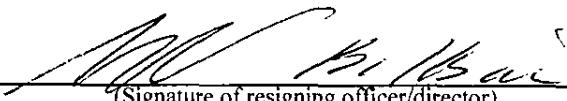
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Castor M. Bilba, hereby resign as Vice President  
(Title)  
of Guardian Care Service of Broward, Inc  
(Name of Corporation)  
P10000100077, 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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB -8 PM 3:52

**FILED**