P13000058079

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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13 OCT 1/ AM 8: 46

OCT 23 2013 T. CARTER

COVER LETTER

_{suвјест:} Guardi	ian Life In	surance Group
	(Name of Corpora	ation)
DOCUMENT NUMBER: P1300005	58079	
The enclosed Resignation of Registered	Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerr	ning this matter to	the following:
Brad Groden		Y
(Name of Person)		_
Guardian Life Insuran	ce Group	
(Name of Firm/Compan	ıy)	_
1706 Davenport Ct		
(Address)		
Winter Springs,FI 327	80	
(City/State and Zip Cod	le)	
For further information concerning this r	matter, please call	
Brad GRoden	at (970	3333607 le & Daytime Telephone Number)
(Name of Person)	(Area Co	le & Daytime Telephone Number)

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

CESTAN MARKED

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



RESIGNATION OF REGISTERED AGENT 13 OCT 11. AM 8: 46 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Steven Groden
(Name of Registered Agent)
hereby resigns as Registered Agent for Guardian Life Insurance Group
(Name of Corporation)
P13000058079
(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:
STEVEM Groden (Typed or Printed Name)
Registered Agent (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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