Pa9354

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: GUARANTY				
(Name of Corporation)				
DOCUMENT NUMBER:	P29354			
The enclosed withdrawal applic	ation and fee are submitted for fi	ling.		
Please return all correspondence matter to the following:	concerning this			
Judy S. Spitzer				
(Name of Person)				
Arrowpoint Cap	ital Corp.	sa		
	(Firm/Company)			
3600 Arco Corporate Drive				
	(Address)			
Charlotte, NC 2	8273			
(City/State and Zip code)				
For further information concerning this matter, please call:				
Judy Spitzer	at (704)	522-2841		
(Name of Person)		le & Daytime Telephone Number)		
MAILING ADDI Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	on rations	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

GUARANTY NATIONAL INSURANCE COMPANY

P29354	
(Document Number of Corporation (if known)	
DELAWARE	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.	,
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
3600 Arco Corporate Drive	
(Mailing Address)	
Charlotte, NC 28273	
(City/ State /Zip) RIDA RIDA	
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of a director, president or other officer if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	
Judy S. Spitzer (Typed or printed name of person signing) Assistant Corporate Secreta (Title of person signing)	ry

FILING FEE \$35