

L91565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

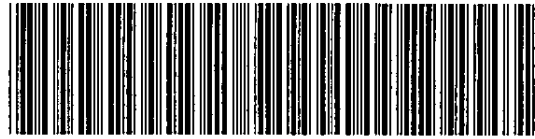
(Business Entity Name)

(Document Number)

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2009 JAN 20 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer Resignation

TB

1-27-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIM INSURANCE GROUP, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** L91565

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

Please return all correspondence concerning this matter to the following:

SUE ANN VALENZA

(Name of Person)

AIM INSURANCE GROUP, INC

(Name of Firm/Company)

P.O. BOX 860

(Address)

PALM HARBOR, FL. 34682

(City/State and Zip Code)

For further information concerning this matter, please call:

SUE ANN VALENZA

(Name of Person)

at ( 727 ) 772-7800

(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**

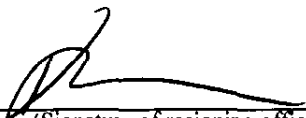
**FILED**  
2009 JAN 20 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, KAREN LAUINGER, hereby resign as VP  
(Title)

of AIM INSURANCE GROUP, INC.  
(Name of Corporation)

L91565, 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