

POS000074149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

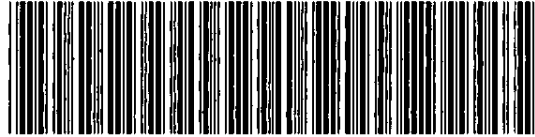
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Officer Risign  
Chris Murphy  
3/13/08*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASSET INSURANCE GROUP INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PD5000074149

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

Please return all correspondence concerning this matter to the following:

TRUDI RICH  
(Name of Person)

ASSET INSURANCE GROUP INC  
(Name of Firm/Company)

209 S FEDERAL HWY  
(Address)

POMPANO BEACH FL 33062  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRUDI RICH at (954) 781-7477  
(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

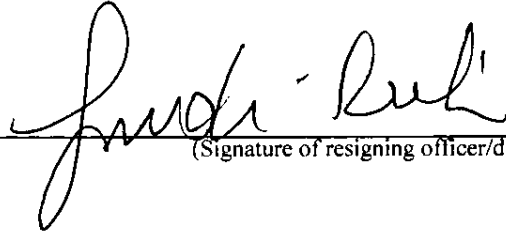
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, TRUOI RICH, hereby resign as PRESIDENT  
(Title)

of ASSET INSURANCE GROUP INC.  
(Name of Corporation)

PD5000074149, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
**08 MAR 12 PM 12:55**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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