

P/3000028783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

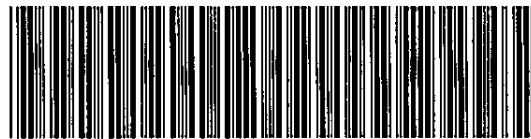
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/07/14--01014--025 \*\*122.50

Resignation  
to officer

FILED  
2014 FEB -7 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOOR  
2/11/14

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AJ Insurance Group, inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000028783

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

Please return all correspondence concerning this matter to the following:

Angela Jensen  
(Name of Person)

AJ Insurance Group, Inc  
(Name of Firm/Company)

5704 Mulberry Dr  
(Address)

Tamarac FL 33319  
(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Jensen at ( 954 ) 465-1388  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

2014 FEB -7 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

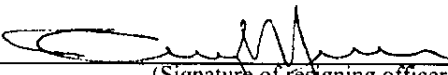
I, Angela Jensen, hereby resign as Secretary  
(Title)

of AJ Insurance Group, Inc  
(Name of Corporation)

P13000028783

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

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