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COVER LETTER

SUBJECT: AIM Insurance Agency Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P94000081495</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
AIM INSUrance Agency (Name of Firm/Company)
3605 AH19 N. (Address)
Palm Harbor, FL 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
Phillip G. Chesson at (727) 744-3999 (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 Post Office Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TASECRETARIAN PH 4:41

I, Paul J. Klimzak, hereby resign as Prosident Sec	cretary
of AIM Insurance Agency, IN-	,
Document Number, if known), a corporation organized under the laws of the State o	f
Fraida	

(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