

P94000081695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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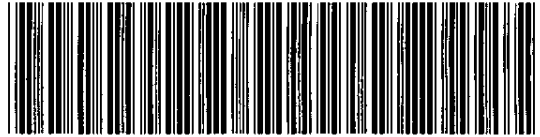
(Business Entity Name)

(Document Number)

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2009 JAN 20 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

officer. Resignation

TB

1-27-09

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: P94000081695

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 AGENCY, 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 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

P94000081695, 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