

P980000029638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

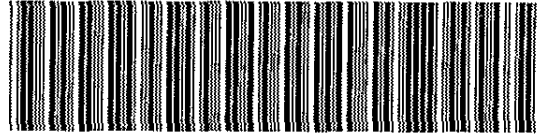
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Assured Premium Finance Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000029638

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

Please return all correspondence concerning this matter to the following:

Karen Shaw

(Name of Person)

Assured Premium Finance Corporation

(Name of Firm/Company)

2825 N. University, Suite 300

(Address)

Coral Spring, Florida 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Shaw

(Name of Person)

at ( 954 ) 510-8008

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2007

KAREN SHAW  
ASSURED PREMIUM FINANCE CORPORATION  
2825 N. UNIVERSITY DRIVE - SUITE 300  
CORAL SPRINGS, FL 33065

SUBJECT: ASSURED PREMIUM FINANCE CORPORATION  
Ref. Number: P98000029638

We have received your document for ASSURED PREMIUM FINANCE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show JAMES W. BLAKE as TVS please correct your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 307A00050540

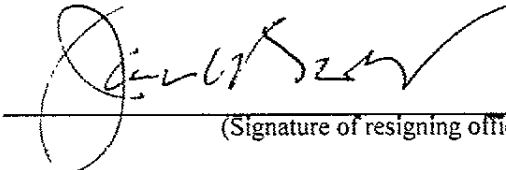
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jim Blake, hereby resign as VTs  
(Title)

of Assured Premium Finance Corporation  
(Name of Corporation)

P98000029638, 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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