115915

| (F | Requestor's Name) | |
|------------------------|------------------------|---------------------------------------|
| (<i>j</i> | Address) | |
| (<i>f</i> | Address) | |
| (0 | City/State/Zip/Phone # |) |
| PICK-UP | WAIT | MAIL |
| (E | Business Entity Name | ; |
| ·/r | Document Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | | f Status |
| Special Instructions t | o Filing Officer: | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA 2089 OCT 26 PM 1: 4:3

off. Resign.

OCT 28 2009

COVER LETTER

| SUBJECT: AFFORDABLE AL | JTOMOTIVE EQUIPMENT, INC. |
|--|--|
| | (Name of Corporation) |
| DOCUMENT NUMBER: L1 | 5915 |
| The enclosed Officer/Director Re | signation for a Corporation and fee are submitted for filing |
| Please return all correspondence | concerning this matter to the following: |
| MARC P. OSSINSKY, ESQU | IRE |
| (Name of Po | erson) |
| OSSINSKY & CATHCART, P | P.A. |
| (Name of Firm/ | Company) |
| 2699 LEE ROAD, SUITE 101 | |
| (Addres | s) |
| WINTER PARK, FL 32789 | |
| (City/State and | Zip Code) |
| For further information concerning | g this matter, please call: |
| JOANN DUNCAN | at (407) 629-2484 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 ma | ade 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 |

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TORSOCT 26 PM 1:43

ATTORNATION OF TORRES

ATTORNATION OF THE STATE OF

| SALVATORE FUSCO | , hereby resign as President/Director | |
|-----------------------------|--|--|
| ., | (Title) | |
| of AFFORDABLE AUTO | IOTIVE EQUIPMENT, INC. | |
| ·- | (Name of Corporation) | |
| L15915 | , a corporation organized under the laws of the State of | |
| (Document Number, if known | 1) | |
| Florida, effective Oct. 21. | 009 | |

(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