## P0200119098

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Naı | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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Office Use Only



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TALLAHASSEE, FLORIDE

Polples.

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  |  |                                       |                                       |
|---|--|---------------------------------------|---------------------------------------|
| SUBJECT: Cambridge Auto Clul  | o, Inc.  |                                       |                                       |
| Popo  | (Name of Corpora   | tion)                                 | · · · · · · · · · · · · · · · · · · · |
| DOCUMENT NUMBER: P020   | 00119098   | · · · · · · · · · · · · · · · · · · · |                                       |
| The enclosed Officer/Director Resignation   | nation for a Corporation   | and fee are submitted for             | filing.                               |
| Please return all correspondence con  | cerning this matter to the   | e following:                          | 3.                                    |
| Susan M. Rosen  |  |                                       |                                       |
| (Name of Perso  | on)  |                                       |                                       |
| Wanda I. Rufin, P.A.  |  |                                       |                                       |
| (Name of Firm/Cor   | npany)   | . Marin                               | •                                     |
| 1699 Coral Way Suite 315  |  |                                       |                                       |
| (Address)   |  | •                                     |                                       |
| Miami, Florida 33145  |  |                                       |                                       |
| (City/State and Zip   | Code)  | ···                                   | • • • • • •                           |
| For further information concerning the  | his matter, please call:   |                                       |                                       |
| Susan M. Rosen  | 305  | 858-4242                              |                                       |
| (Name of Person)  | (Area Code   | & Daytime Telephone Num               | ber)                                  |
| Enclosed is a check for \$35.00 made  | payable to the Florida D   | Department of State.                  |                                       |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399 | s                                     |                                       |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

04 AUG 12 PM 3:30

TALLAHASSEE. FLORIDA

| Susan M. Rosen               | , hereby resign as_      | Vice President and Director   |
|------------------------------|--------------------------|-------------------------------|
| 9 <u> </u>                   |                          | (Title)                       |
| of Cambridge Auto Club, Inc. |                          |                               |
| (Name of Co                  | rporation)               |                               |
| P02000119098, a c            | corporation organized un | nder 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