## Requester's Name Mr. C'S Auth Sals Address P.O. Box 772435 City/State/Zip Phone # Coral Springs FL 330772435 Office Use Only Office Use Only

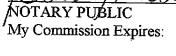
## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation Name)	(Document #)  SECRET	OLFEB F
(Corporation Name)	(Document #)	FILED AMIL
(Corporation Name) 4.	(Document #)	<u></u>
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Certificate of Sta	- itus
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	e e e e e e e e e e e e e e e e e e e
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

## AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA COUNTY OF Browned
I, <u>Mark Cohen</u> , after being duly sworn, states that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:
I, Mark Cohen, hereby resign as Vice President and Director of Automax USA, Inc., a Florida
Corporation;
That the Corporation has been notified in writing of the resignation.
Mark Cohen  Sworn and subscribed to before me this 9 day of 4001.





DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314