



**COMMONWEALTH OF KENTUCKY  
MICHAEL ADAMS, SECRETARY OF STATE**

**0409292.04**

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WTH

**Michael G. Adams**  
**Kentucky Secretary of State**  
Received and Filed:  
4/6/2023 10:12 AM  
Fee Receipt: \$20.00

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Withdrawal of Assumed Name  
(Domestic or Foreign Business Entity)**

**CWA**

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

1. The assumed name to be withdrawn is Automotive Training Academy.  
(The name must be identical to the name on record with the Secretary of State.)
2. The assumed name has been discontinued by American Financial & Automotive Services, Inc.  
(Must be the exact name of the entity or partners)
3. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_.
4. The date the original certificate was filed: 12/20/1995
5. The "real name" is (you must check one):
 

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input checked="" type="checkbox"/> a Foreign Corporation
<input type="checkbox"/> a Domestic Limited Liability Company	<input type="checkbox"/> a Foreign Limited Liability Company

6. The mailing address is:

11222 Quail Roost Drive	Miami	FL	33157
Street Address or Post Office Box Numbers	City	State	Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

 Signature of Authorized Party	Jeannie Amy Aragon-Cruz Printed Name	Secretary Title	03/30/2023 Date
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