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CR2E079 (8/05)

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: AMERI Dray Financial Services, LLC. (Name of Limited Liability Company)							
Dear Sir or Madam:							
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the	e following:						
(Name of Person)							
(Firm/Company)	2006						
13840 Su) 114 Temper	2006 MAY 25 PM						
(Address) Miaui Ft 33/86 (City/State and Zip Code)							
For further information concerning this matter, please call:							
CAMILLE VAZQUEZ at (786) 623-4887 (Area Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
\$25 Filing Fee	\$55 Filing Fee & Certified Copy						



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

l,	CAMILLE	VAZQUEZ	, hereby resign as _	MG/K	2
of	AME	Ri Dreau Fi	nancia) Se		,LLC,
a lim	ited liability compan	y organized under the	laws of the State of	Florida	·
and a	offirm that the limited	l liability company has	been notified in writin	g of the resignation	
	(Signatu	re of resigning manage	er, managing member of	r member)	SECRETARY OF COMPANY 25
					PH 1:42

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079 (8/05)