100000008279

(Re	equestor's Name)	
(Ad	dress)	
	Hanna N	<u> </u>
(Ad	ldress)	•
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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2006 MAY 25 PM 1:41

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AMPRIDREPHN FINANCE (Name of Limited Liability Core)	INC SONICUS, LL	<u>_</u>	
Dear Sir or Madam:	•		
The enclosed Resignation of Member, Managing Member or M	anager and fee(s) are submitted for	filing	
Please return all correspondence concerning this matter to the fe	ollowing:		
Nestor Inzquez (Name of Person)	-		
(Firm/Company) 13840 Sw 104 Tarace	-	2006 MAY	SECRE DIVISION
13840 Sw 104 Tax race (Address) M. pan; FL 3318 C (City/State and Zip Code)	_	25 PH 1:4	IARY OF STAT
For further information concerning this matter, please call: Mestor Mague Z at (305) (Area Code)	e & Daytime Telephone Number)	=	ONS.
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		

\$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, NesTure Unzquez, hereby resign as MGR
(Title)
of AMERIDSEAM FINANCIAL SERVICES. LLC
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida
and affirm that the limited liability company has been notified in writing of the resignation.
add / 11/11'

of resigning manager, managing member or member)

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