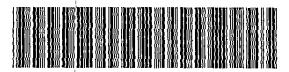
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(Requesto	or's Name)			
(Address)				
(Address)	· · · · · · · · · · · · · · · · · · ·			
(City/State	e/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing	Officer:			
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Amerivans USA (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
David Krainiak (Name of Person)
(Name of Firm/Company)
2545 E. Sunrise Blud #142
Fort Lauderdale FL 33304 (City/State and Zip Code)
For further information concerning this matter, please call:
David Krainial at (248) 506 - 6895 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ſ,	David Krainsiak	, hereby resign as_	President (Title)	
of	Ameri Valus	USA, INC.		 ',
	(Document Number, if known) a c	orporation organized und	ler the laws of the State of	1
			HETARY OF SAHASSEE, F	E M
	(Signatu	owid Train re of resigning officer/direct	int in	φ. Ω.

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