611000091504

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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B. KOHR
OCT_2 2012
EXAMINER



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08/24/12--01025--019 **85.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2012

PHILIP LEON ALTAMONT GLOBAL PARTNERS, LLC 195 WEKIVA SPRINGS ROAD, STE. 350 LONGWOOD, FL 32779

SUBJECT: MIDAS MANAGEMENT PARTNERS LLC

Ref. Number: L11000091504

We have received your document for MIDAS MANAGEMENT PARTNERS LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Resignation MUST BE SIGNED by the resigning agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 112A00021900



KEEWIN LEXINGTON PARK 237 LOOKOUT PLACE, SUITE 100 MAITLAND, FLORIDA 32751 T: 407-660-2964

F: 407-660-4439

BREWERLONG.COM

September 26, 2012

Buck Kohr Regulatory Specialist II Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

Midas Management Partners, LLC

Ref. No.: L11000091504 Letter No.: 112A00021900

Dear Mr. Kohr:

Enclosed please find the signed Resignation of Registered Agent for a Limited Liability Company. Please note that we already submitted a check in the amount of \$85.00 representing the filing fee for same. Our check was not returned with the Resignation of Registered Agent form.

Should you have any questions, please do not hesitate to contact our office.

Sincerely,

Lori Trammel

Paralegal to Trevor K. Brewer

Enc.

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of s	section 608.416(2) or 608.509, Florid	da Statutes, the undersigned,	SEE FLORING
BREV	, hereby resigns as	70, 5	
	of Registered Agent	, nerve) rung.m un	OR THE SE
Registered Agent for	MIDAS MANAGEMEN	NT PARTNERS LLC	<u> </u>
	Name of Limited Liability Company		,
L11000091	504		
Document Number,	fknown		
	s mailed to the above listed limited li the office discontinued on the 31st d	ay after the date on which th	
If signing on behalf of an enti	Signature of Resigning	Agent	
	TREVOR K BREWE	R	
	Typed or Printed Name	_	
	MANAGING MEMBE	<u>:R</u>	
	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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