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SECRETARY OF STATE

COVER LETTER

· TO: Registration Section

CR2E079 (5/06)

Division of Corporations				
SUBJECT: PRIMSTEP SOLUTIONS, I	LC.			
(Name of Limited Liability Company)				
The enclosed member, managing member or mana filing.	ger resignation and fee(s) are submitted for			
Please return all correspondence concerning this m	natter to:			
MERCEDES KEEN				
(Contact Person)	,			
LAW OFFICE OF JOHN P. MAAS				
(Firm/Company)				
44 NE 16 STREET				
(Address)				
HOMESTEAD, FL 33030				
(City/State and Zip Code)				
For further information concerning this matter, ple	ase call:			
MERCEDES KEEN at (305) 247-7132			
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the	Florida Department of State for:			
✓ \$25 Filing Fee	\$55 Filing Fee &			
_	Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				



08 HAY -5 PH 1:31 SECRETARY OF STATE TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it ap	•	of the Florida Department
2. This limited liabiling FLORIDA	ity company was organized und	ler the laws of:	
3. The Florida docum L050001116	ment/registration number of this 617	limited liability con	npany is:
, 	O J. NAVARRO me of Person Resigning)	, hereby resign as a	MANAGING MEMBER (Print Title)
of this limited liabi	lity company and affirm the liming.	nited liability compar	ny has been notified of my
Signature of Resign	ning Member, Managing Memb	per or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		