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(Re	questor's Name)	
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SECRETARY OF STATE
AND A SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Primex Managing Partners, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Ashley Hersutamto (Contact Person)
Law Offices of Michael Lapat (Firm/Company)
3300 University Drive, Suite 311 (Address)
Coral Springs, FL 33065 (City/State and Zip Code)
For further information concerning this matter, please call:
Ashley Hersutamto at (954) 345-6442 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as mex Managing Pa		of the Florida D	Department
2. This limited liabi	lity company was organized	under the laws of:	,	SECRETARIAN
3. The Florida docu L0700002	ment/registration number of 28664	this limited liability con	npany is:	OF STATE FLORIDA
4. I, Michael V	Vagen une of Person Resigning)	, hereby resign as a	Manager (Print Title	
of this limited liab resignation in writ	ility company and affirm the	limited liability compar	,	
Signature of Resig	L. Mager ming Member, Managing M	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (5/06)