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SECRETARY OF STATE
ANA SSEE STATE

D. BRUCE

MAR. 1 5 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Primitive Nution (Name of Limited Liability Control				
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted	for		
Please return all correspondence concerning this matter to:				
Susan Quintana (Contact Person)	magas.			
(Contact Person)				
(Firm/Company)	_			
(aldress) Ave	SECRE	12 KAS	-1	
Hialeah, Fl. 33012 '(City/State and Zip Code)	ASSEE FI			
For further information concerning this matter, please call:	STATE BORIDA	: 55 5		
Susan Quirtana at (786) 299 2534 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida D \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	•			

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imitad liability aamnany aa	it ammany on the records of the Planide Demontracent
of State is:	Primitive Nu	it appears on the records of the Florida Department
or state is		•
2. This limited liabi	lity company was organized	under the laws of:
	ment/registration number of	this limited liability company is:
•	,	, hereby resign as a Managina Member
of this limited liab resignation in writ		e limited liability company has been notified of my
Susa	no Dist	Ä
Signature of Resig	ning Member, Managing M	ember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILED ARIL MINIS