

# BREWERLONG

A RELATIONSHIP DRIVEN LAW FIRM

KEEWIN LEXINGTON PARK  
237 LOOKOUT PLACE, SUITE 100  
MAITLAND, FLORIDA 32751  
T: 407-660-2964  
F: 407-660-4439

BREWERLONG.COM

RECEIVED

AUG 27 2012

Utah Department of Commerce  
Division of Securities

VIA FAX & US MAIL

August 21, 2012

Division of Securities  
Utah Department of Commerce  
Attn: Julie Price  
160 E 300 S, 2nd Floor  
Box 146760  
Salt Lake City, UT 84114-6760  
Fax: 801-530-6980

Re: In the Matter of The McKinley Fund LLC, et al.  
Docket No. SP-12-0051 through - 0054

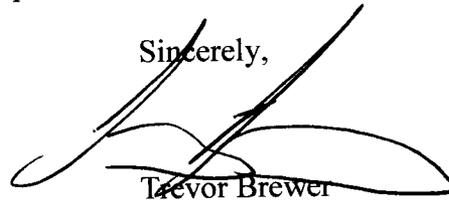
Dear Ms. Price:

I am in receipt of the Order to Show Cause and Notice of Agency Action which you mailed to my office in care for The McKinley Fund LLC, Altamont Global Partners, LLC, Philip Leon, and John G. Wilkins. I have forwarded the documents to Philip Leon via email and US mail using the contact information we have on record. However, I am unable to confirm receipt by Mr. Leon or any other party.

Please be aware that this firm does not currently represent any of the parties named in the Order to Show Cause or Notice of Agency Action. Moreover, we have tendered to the Florida Department of State resignation of our appointment as Registered Agent for The McKinley Fund LLC, copies of which are enclosed for your reference.

Please contact me if you have any questions regarding this letter.

Sincerely,



Trevor Brewer

cc: Philip Leon

**COVER LETTER**

**RECEIVED**

**AUG 27 2012**

**TO:** Amendment Section  
Division of Corporations

Utah Department of Commerce  
Division of Securities

**SUBJECT:** THE MCKINLEY FUND LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L1000132183

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP LEON  
Name of Person

ALTAMONT GLOBAL PARTNERS, LLC  
Name of Firm/Company

195 WEKIVA SPRINGS RD STE 350  
Address

LONGWOOD, FL 32779  
City/State and Zip Code

pleon@matterhornfund.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TREVOR BREWER at ( 407 ) 660-2964  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

BREWERLONG PLLC

Name of Registered Agent

, hereby resigns as

Registered Agent for

THE MCKINLEY FUND LLC

Name of Limited Liability Company

L10000132183

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

TREVOR K BREWER

Typed or Printed Name

MANAGING MEMBER

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**

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AUG 27 2012

TO: Amendment Section  
Division of Corporations

Utah Department of Commerce  
Division of Securities

SUBJECT: MIDAS MANAGEMENT PARTNERS LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L11000091504

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILIP LEON  
Name of Person

Name of Firm/Company

195 WEKIVA SPRINGS RD STE 355  
Address

LONGWOOD, FL 32779  
City/State and Zip Code

pleon@midasmanagementpartners.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TREVOR BREWER at ( 407 ) 660-2964  
Name of Person Area Code & Daytime Telephone Number

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Tallahassee, FL 32301

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

BREWERLONG PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for MIDAS MANAGEMENT PARTNERS LLC

Name of Limited Liability Company

L11000091504

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

TREVOR K BREWER

Typed or Printed Name

MANAGING MEMBER

Capacity

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Name of Limited Liability Company

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Name of Person

Name of Firm/Company

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City/State and Zip Code

pleon@midasmanagementpartners.com  
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BREWERLONG PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for

MIDAS MANAGEMENT PARTNERS LLC

Name of Limited Liability Company

L11000091504

Document Number, if known

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Signature of Resigning Agent

If signing on behalf of an entity:

TREVOR K BREWER

Typed or Printed Name

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Capacity

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