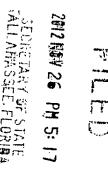
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT NOV 28 2012				
EXAMINER				

Office Use Only



200242079692



11/26/12--01020--026 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BIGFOOT BUSINESS PARK LL	
(Name of Limited Liability C	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	
PETRA BAUERNFEIND	
(Contact Person)	
,	
BIGFOOT BUSINESS PARK LLC	S 5.
(Firm/Company)	
(Citiz Sonipality)	
81 WASHINGTON AVE, SUITE 300	
(Address)	
MIAMI BEACH, FL 33139	
(City/State and Zip Code)	
For further information concerning this matter, please ca	II:
PETRA BAUERNFEIND at 310	
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$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	

CR2E079 (5/06)



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 it ap		of the Florida	Department
	lity company was organized und		T T A A A A A A A A A A A A A A A A A A	2812 May 26
3. The Florida docu <u>L01000001</u>	ment/registration number of this 429	limited liability com	pany is:	PH 5: 17
4. I, JEFFREY	W. BERKMAN une of Person Resigning)	, hereby resign as a _	MANAGE (Print T	R iile)
of this limited liab resignation in wri	ility company and affirm the lim ting.	ited liability compan	y has been no	otified of my
Signature of Resignature	gring Member, Managing Memb	er or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			