## L07000114513

| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| - (Address)                             |                   |             |  |  |
| (Address)                               |                   |             |  |  |
| (City/State/Zip/Phone #)                |                   |             |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | ne)         |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
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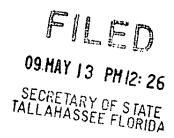
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## **COVER LETTER**

| TO: Registration Section                                     |   |
|--|---|
| Division of Corporations                                     |   |
| SUBJECT: Big World Villas LLC                                |   |
|  | d Liability Company)  |
| The enclosed member, managing member or m filing.            | nanager resignation and fec(s) are submitted for                        |
| Please return all correspondence concerning th               | is matter to:   |
| Jason Desmond  |   |
| (Contact Person)   |   |
|  | •   |
| (Firm/Company)   |   |
| 6451 N Federal Highway Ste 1200                              | )   |
| (Address)  | <del></del>   |
| Fort Lauderdale, Fl. 33308                                   |   |
| (City/State and Zip Code)                                    |   |
| For further information concerning this matter.              | , please call:  |
| Jason Desmond  | at ( 954 <sub>)</sub> 491-8501  |
| (Name of Contact Person)                                     | (Area Code & Daytime Telephone Number)                                  |
| Enclosed please find a check made payable to \$25 Filing Fee | the Florida 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

| 1. The name of the of State is: Big | limited liability company as World Villas Sales | it appears on the records of Marketing | of the Florida Department |
|-------------------------------------|---|--|---------------------------|
| 2. This limited liabi               | lity company was organized                      | under the laws of:                     |                           |
|                                     | ment/registration number of D114513             | this limited liability comp            | eany is:                  |
| 4. I, Derek Rad                     | zikowski  | , hereby resign as a                   | MGRM                      |
| (Print Name of Person Resigning)    |   |  | (Print Title)             |
| of this limited liab                | oility company and affirm the ting.             | limited liability company              | has been notified of my   |
| Signature of Rosi                   | gning Member, Managing Mo                       | ember or Manager                       |                           |
| Filing Fee:                         | \$25.00 (Required)                              |  |                           |
| Certified Copy:                     | \$30.00 (Optional)                              |  |                           |