

MP 0000 1089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

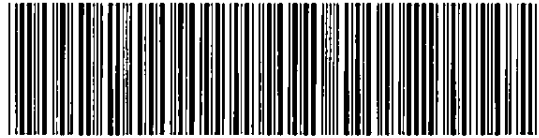
(Document Number)

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2024 JUL 24 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BIGFOOT VENTURES, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL GLEISSNER

(Name of Person)

BIGFOOT VENTURES, LLC

(Firm/Company)

626 N. ILLINOIS STREET, SUITE 300

(Address)

INDIANAPOLIS IN 46204

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL GLEISSNER

(Name of Person)

212

at ( )

980-6600

(Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
2024 JUL 24 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BIGFOOT VENTURES, LLC

(Name of limited liability company)

STATE OF DELAWARE

(Jurisdiction of its organization)

02/19/2013

(Date registered with Florida Department of State)

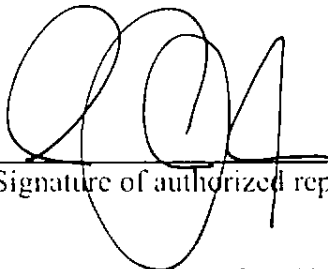
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(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

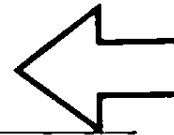
Effective Date, if other than the date of filing: 08/01/2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
(Signature of authorized representative)

MICHAEL GLEISSNER

(Typed or printed name of signee)



**SIGN  
HERE**

FILED  
2024 JUL 24 PM 2:40  
SECRETARY OF  
STATE  
TALLAHASSEE, FL

**Filing Fee: \$25.00**