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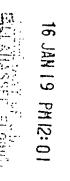
(Re	equestor's Name)			
(Address)				
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## **COVER LETTER**

Division of Corporations KAROVAR REAL ESTATE HOLDINGS, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: REBECA RODRIGUEZ-ROIG (Contact Person) KAROVAR REAL ESTATE HOLDINGS, LLC (Firm/Company) 3820 SW 139 AVE. (Address) MIAMI, FL 33175 (City/State and Zip Code) For further information concerning this matter, please call: REBECA RODRIGUEZ-ROIG 326-3260 786 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ¥\$25 Filing Fee \$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

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of the OLDINGS, LLC	e Florida Department
2. The Florida doc	•	assigned to this limited liability	company is:
4. I, GERMAN O	AMO	signed or will withdraw/resign i , hereby withdraw/resign	- 1000
resignation in wr	iting. In Olaw	he limited liability company has	been notified of my
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	gning Manager	