## L13000137.640

(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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## 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 limited liability company as it appear of State is: Karakosta Ventures, LLC	rs on the records of the Florida Department
2. This limited liability company was organized under the Florida	he laws of:
3. The Florida document/registration number of this lim L13000137640	nited liability company is 100000000000000000000000000000000000
<sub>4. I,</sub> Chris J. Karakosta , he	ereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited resignation in writing.	l liability company has been notified of my
Signature of Resigning Member, Managing Member	or Manager
Filing Fee: \$25,00 (Required)	
Certified Copy: \$30.00 (Optional)	