L14000184520

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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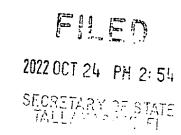
2022 OCT 24 PH 2: 53 SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	
Kara Land	<u>LLC</u>
(Name of	Limited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to:
Ralph Bonner	
(Contact Person)	
Kara Land LLC	
(Firm/Company)	
P.O. Box 2198	
(Address)	
Interlachen Florida 3214	88
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Ralph Bonner at	`
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	
☑\$25 Filing Fee	a S55 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	
CR2F079(2-14)	





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)

I. The name of the	limited liability company as it appears on the records of the Florida Department o
State is:	
	Kara Land LLC
2. The Florida doc	ument registration number assigned to this limited liability company is:
	L14000184520
3. The date this me	mber/manager withdrew resigned or will withdraw/resign is: 10/3/2022
	ffer, hereby withdraw resign as a Name of Person Resigning)
MGR/MGRM	
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

(2A4)