Florida Department of State

To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please.

Email Address:__

LLC REGISTERED AGENT RESIGNATION KARUANA HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

Electronic Filing Menu Corporate Filing Menu

HAP SOLOMON OCT - 3 2024

(((H24000333988 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	, Florida Statutes, the	undersigned,			
Capitol	Corporate Servi	ces, Inc.	, hereby resigns as			
	Name of Registered Ages					
Registered Agent for		KARUANA HOL	DINGS, LLC			
		Name of the Limited I	iability Company		ز	
	0158251					
Document Nu	mber, if known					
A copy of this resignation	on was mailed to the al	bove listed limited lis	bility company at its last know	m address.		
The agency is terminated	d and the office discor	ntinued on the 31st da	ry after the date on which this	statement is	s filed.	
		MCC.				
	V	S gnature of Resigning	Agent			
If signing on behalf of a	n entity:	V				
	Y۱	vette Cleveland				
		ped or Printed Name				
	Ass	sistant Secretary				
		Capacity				
	<u>FILING</u> \$ 85.00 \$ 25.00	Active limited liabi Administratively di	ssolved/voluntarily dissolved	n Hall Marian Ma Marian Marian Marian Marian Marian Marian Marian Marian Marian Ma Marian Marian Marian Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	2 024 OCT -2	Hosen econe econe
	Make checks payab	withdrawn limited le to Florida Departm Division of Corporati	ent of State and mail to:	Y DE STATI	PK 4: 44	
		P.O. Box 6327 Tallahassee, FL 323		וה	*	
INHS17 (2/14)						