La1000440321

(Re	equestor's Name)	
(Ác	ldress)	
(Ar	idress)	
V	,	
(Cı	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	me)
(D ₁	ocument Number)	
	ocument (vamber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filma Officer:	
J. HORNE AUG - 7 2024		
7 2024		
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Office Use Only



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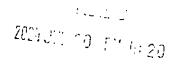
07/30/24--01015--015 **25.11



COVER LETTER

TO: Registration Section Division of Corporations	
KARAVILLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Pamela Agostina Poveda	
(Contact Person)	
KARAVI LLC	
(Firm/Company)	
100 SOUTH POINT DRIVE APT 1602	
(Address)	
Miami, Florida, 33139	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Pamela Agostina Poveda	305 537-0800 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab ■ \$25 Filing Fee	ole to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
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





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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Kara	vi LLC
2. The Florida doc L21000446321	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: July 16, 2024
4. I. Diana Marquard	h hereby withdraw/resign as a warm of Person Resigning)
Member	
	(Print Title)
of this limited lia resignation in w	ibility company and affirm the limited liability company has been notified of my riting.
Diana	Mary worst issociating Member or Resigning Manager
Signature of D	issociating/Member or Resigning Manager
_	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)