

L21000446 321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

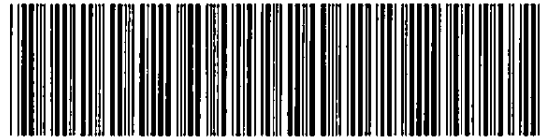
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KARAVI LLC

(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:

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 matter, please call:

Pamela Agostina Poveda

at (305) 537-0800

(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

**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

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SECRETARY OF STATE  
TALLAHASSEE, FL



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: Karavi LLC

2. The Florida document/registration number assigned to this limited liability company is:  
121000446321

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 16, 2024

4. I, Diana Marquardt, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Diana Marquardt  
Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)