

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000168514

**Entity Name:** KARMARKE, LLC**Current Principal Place of Business:**7325 N FERNANDINA AVE  
DUNNELLON, FL 34433**Current Mailing Address:**P.O. BOX 640284  
BEVERLY HILLS, FL 34464 US**FEI Number:** 81-3855761**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, MARK LEE  
7325 N FERNANDINA AVE  
DUNNELLON, FL 34433 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARK LEE WILSON

03/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WILSON, MARK LEE  
Address 7325 N FERNANDINA AVE  
City-State-Zip: DUNNELLON FL 34433

Title MGR  
Name WILSON, KAREN LYNN  
Address 7325 N FERNANDINA AVE  
City-State-Zip: DUNNELLON FL 34433

Title AMBR  
Name WILSON, MARK LEE  
Address 7325 N FERNANDINA AVE  
City-State-Zip: DUNNELLON FL 34433

Title AMBR  
Name WILSON, KAREN LYNN  
Address 7325 N FERNANDINA AVE  
City-State-Zip: DUNNELLON FL 34433

Title AMBR  
Name ADAMS, KIMBERLY NICHOLE  
Address 347 EAST SHAWNA CT  
City-State-Zip: HERNANDO FL 34442

Title AUTHORIZED MEMBER  
Name JOHNSON, CHRISTIE LEIGH  
Address 9576 SW 206TH CT ROAD  
City-State-Zip: DUNNELLON FL 34431

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK LEE WILSON

MGR

03/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date