

K12000040641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

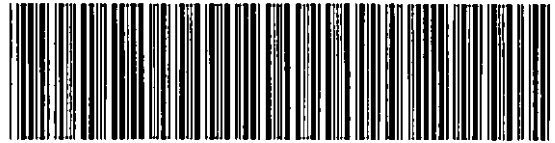
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUN 13 PM 6:46  
TALLAHASSEE, FLORIDA  
STATE

AUG 30 2022  
S. PRATHEP

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

ORGANICAFETICA LLC

**SUBJECT:** \_\_\_\_\_  
(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:

VERONICA MUNOZ XUCONOTLI

\_\_\_\_\_  
(Contact Person)

ORGANICAFETICA LLC DBA COFFEETICA

\_\_\_\_\_  
(Firm Company)

2136 NW 8TH AVE SUITE 120

\_\_\_\_\_  
(Address)

MIAMI, FL 33127

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

VERONICA MUNOZ XUCONOTLI                      404                      2001135

\_\_\_\_\_  
(Name of Contact Person)

at ( \_\_\_\_\_ ) \_\_\_\_\_  
(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

CR2E079 (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)


1. The name of the limited liability company as it appears on the records of the Florida Department  
ORGANICAFETICA LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
1.12000040641  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/03/2022  
XUCO XUCONOTLI

4. I, \_\_\_\_\_, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

FILED  
2022 JUN 13 PM 6:47  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE