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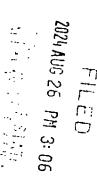
(Requestor's Name)			
(Address)			
(Address)			
(Addiess)			
	in 100-1-17 - 101-1-1	ти	
(C	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special instructions to	Eiling Officer		
Special Instructions to Filing Officer: J. HORNE AUG 2 8 2024			
	Atio	- NKME	
	AUG	2 8 2024	

Office Use Only



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08/26/24--01023--025 **25.00



COVER LETTER

то:	Registration Section Division of Corporations	
SURI	Best Coffe 5 LLC	
1,50150		imited Liability Company)
The er	nclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to:
Gonza	alo Lopez Jordan	
-	(Contact Person)	
Patago	onia Capital Investments LLC	
	(Firm/Company)	
1200 I	Brickell Ave Ste 1950	
	(Address)	
Miami	i FL33131	
	(City/State and Zip Code)	
For fu	arther information concerning this ma	itter, please call:
Gonza	do Lopez Jordan	305 961 1698 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee	e to the Florida Department of State for: \$\square\$ \$\square\$ \$\square\$ \$\square\$ 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)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

Davet		appears on the records of the Florida Department
of State is:	Coffee 5 LLC	
2. The Florida doc 1.21000047974	ument/registration number assig	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:
Patagonia Capita	al Investments LLC	, hereby withdraw/resign as a
	Name of Person Resigning)	
Manager		
	(Print Title)	
resignation in wr	riting.	imited liability company has been notified of my
Signature of D	issociating Member or Resignir	ig Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv	\$30.00 (Ontional)	