L21000217504

(Re	questor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations

SALOMON COFFEE GROUP L SUBJECT:	LC	
	Limited Liability C	Company)
The enclosed member, resignation or diss	sociation and fee	e(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to	o:
JORGE LASSES		
(Contact Person)	<u> </u>	_
SALOMON COFFEE GROUP LLC		
(Firm/Company)		_
700 SW 78 AVE , STE 901		
(Address)		_
PLANTATION FL 33324		
(City/State and Zip Code)		<u> </u>
For further information concerning this m	atter, please cal	II:
MARIA CAMARGO	571 at (338-1773
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payab	le to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Fili	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

	limited liability company	as it appears on the	e records of the F	lorida D	eparti	ment
of State is:	——————————————————————————————————————					<u>·</u>
2. The Florida docu L21000217504	ıment/registration number	assigned to this lin	mited liability cor	npany is	; :	
3. The date this me	mber/manager withdrew/r	esigned or will wit	hdraw/resign is:	8/18/2021 ———		_ _
4. I,	ame of Person Resigning)	, hereby wi	thdraw/resign as	a ,	2(
(Print N	ame of Person Resigning)			السند معالم	<u>}}</u>	
MANAGER MEN	MBER			1 T	2021 455 23	
	(Print Title)	•		ARY ARY	23	-
of this limited lial resignation in wr		the limited liabilit		Smotif STATE FL	ied of	
Signature of Di	ssociating Member or Res		<u></u>			
Filing Fee:	\$25.00 (Required)					
	\$30.00 (Optional)					