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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE AUG 2 8 2024			

Office Use Only



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COVER LETTER

Division of Corporations Best Coffe 8 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: Gonzalo Lopez Jordan (Contact Person) Patagonia Capital Investments LLC (Firm/Company) 1200 Brickell Ave Ste 1950 (Address) Miami FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: 961 1698 Gonzalo Lopez Jordan 305 (Name of Contact Person) (Area Code & Davtime 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: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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TO:

Registration Section







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

(Pursuant to 605.0216, Florida Statutes)

	he limited liability company as it st Coffee 8 LLC	appears on the records of the Florida Department
2. The Florida do	ocument/registration number assi	gned to this limited liability company is:
		ned or will withdraw/resign is:
4. L. Patagonia Capital Investments LLC (Print Name of Person Resigning)		, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited I resignation in v	- 1	limited liability company has been notified of my
Signature of	Dissectating Member or Resigni	ng Manager
Filing Fee:		
Certified Conve-	\$30.00 (Optional)	