## L21000491941

(F	Requestor's Name)
( <i>F</i>	Address)
( <i>F</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WA!T ☐ MAIL
(E	Business Entity Name)
·	•
([	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	J. HORNE AUG 2 8 2024

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2024 AUG 26 PH 3: 1

## **COVER LETTER**

TO: Registration Section Division of Corporations	
JV PCI-OLM LLC SUBJECT:	
(Name	of Limited Liability Company)
The enclosed member, resignation or o	lissociation and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
Gonzalo Lopez Jordan	
(Contact Person)	<u></u>
Patagonia Capital Investments LLC	
(Firm/Company)	
1200 Brickell Ave Ste 1950	
(Address)	<del>.</del>
Miami FL 33131	
(City/State and Zip Code	)
For further information concerning thi	s matter, please call:
Gonzało Lopez Jordan	305 961 1698 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay \$\begin{align*} \begin{align*} ali	yable to the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

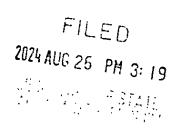
Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314







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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc 1.21000497947	ument/registration number assigned to this limited liability company is:
Patagonia Capil	ember/manager withdrew/resigned or will withdraw/resign is:
Manager	(Print Title)
resignation in w	Jan San
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)