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(Requestor's Name)			
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IN ELLYCLY 2024 AUG 26 PM 2: 14 SECRETARY CESSIAN

COVER LETTER

Registration Section Division of Corporations Best Coffe 19 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: Gonzalo Lopez Jordan 305 961 1698 (Name of Contact Person) (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: 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

TO:



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)

Ruet C	limited liability company as Coffee 19 LLC		of the Florida Department
2. The Florida docu 1.21000498115	ment/registration number as	ssigned to this limited liabi	ility company is:
Patagonia Capita 4 - I	mber/manager withdrew/res	signed or will withdraw/res hereby withdraw/res	
(Print No	ume of Person Resigning) Print Title)		
of this limited liab resignation in wri	oility company and affirm the		y has been notified of my SECRETAR STALLAH
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ining Manager	26 PM 2: 14 AHASSEE, FL