122000019395

(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		

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Best Coffe 29 LLC			
1301301	(Name of Limited Liability Company)			
The en	closed member, resignation or dissoc	ciation and fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to:		
Gonzalo	o Lopez Jordan			
	(Contact Person)			
Patagon	nia Capital Investments LLC			
	(Firm/Company)			
1200 Bi	rickell Ave Ste 1950			
	(Address)			
Miami i	F1.33131			
	(City/State and Zip Code)			
For fur	ther information concerning this mat	ter, please call:		
Gonzalo	o Lopez Jordan	305 961 1698 at ()		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclose	ed please find a check made payable	to the Florida Department of State for:		
	Filing Fee	☐ \$55 Filing Fee & Certified Copy		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	ranumassee, 1 12 223 14	Tallahassee, FL 32303		





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 records of the Florida Department Coffee 29 LLC		
2. The Florida document/registration number assigned to this limited liability company is: 1.22000079395			
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:		
Patagonia Capita 4. 1,	hal Investments LLC, hereby withdraw/resign as a, hereby withdraw/resign as a		
Manager			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.		
Signature of D	ssociating Mumber or Resigning Manager		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		