Laacoo Prula

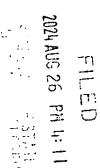
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| J. HORNE |
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Office Use Only



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COVER LETTER

| то: | _ | stration Section sion of Corporations | | |
|---------|--|--|----------------------|---|
| SURJ | Best Coffe 30 LLC (Name of Limited Liability Company) | | | |
| 1,70130 | | | | |
| The er | nclosec | l member, resignation or diss | sociation and fee(| s) are submitted for filing. |
| Please | e return | all correspondence concern | ing this matter to: | |
| Gonza | lo Lope: | z Jordan | | |
| | | (Contact Person) | | - |
| Patago | onia Cap | oital Investments LLC | | |
| | | (Firm/Company) | | _ |
| 1200 E | 3rickell ≀ | Ave Ste 1950 | | |
| | | (Address) | | _ |
| Miami | i FL 331 | 31 | | |
| | | (City/State and Zip Code) | | _ |
| For fu | irther ii | nformation concerning this n | natter, please call: | |
| Gonza | do Lope: | z Jordan | 305 at (| 961 1698 |
| | (N | ame of Contact Person) | | & Daytime Telephone Number) |
| Enclo: | sed ple | ase find a check made payab | ole to the Florida I | Department of State for: |
| | 5 Filing | | | g Fee & Certified Copy |
| | <u>Mailir</u> | ng Address: | | Street Address: |
| | _ | stration Section | | Registration Section |
| | | sion of Corporations Box 6327 | | Division of Corporations The Centre of Tallahassee |
| | Talla | hassee, FL 32314 | | 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303 |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED 2024 AUG 26 PM 4: 09

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 30 LLC |
|---|--|
| 2. The Florida doct | ument/registration number assigned to this limited liability company is: |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: |
| Patagonia Capita | the Investments LLC, hereby withdraw/resign as a same of Person Resigning) |
| Manager | |
| (| (Print Title) |
| of this limited lial resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| Signature of Di | ssociating Manager |
| • | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |