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(Requestor's Name)	
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	Business Entity Name)	
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(Document Number)	
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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

08/26/2024

NAME:

BEST COFFEE 31, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section
	 Division of Corporations

SUBJECT:	BEST COFFEE 31 LLC					
WODSECT.	(Name of Limited Liability Company)					
The enclosed	Articles of Dissolution and fee(s) are submit	tted for filing.				
Please return	all correspondence concerning this matter to	the following:				
	Christian Fritz					
	(Name of Person)					
	Best Coffee 31 LLC					
	(Firm/Company)					
	11062 SW 91 Ave					
	(Address)					
	Miami, FL, 33176					
	(City/Sta	ate and Zip Code)				
For further in	nformation concerning this matter, please call	;				
Esteban J. Elias		786 779-4059				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a c	check for the following amount:					
≣ \$25.	00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Mailing Address:		Street Address:				
	egistration Section Registration Section ivision of Corporations Division of Corporations					
P.O	D. Box 6327	The Centre of Tallahassee				
Tal	lahassee FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

1. The name of a limited liability company BEST COFFEE 31 LLC	2024 AUG 26 AH 10: 32
2. The Articles of Organization were filed o	SECRETARY OF STATE TALLAMASSEE. FL
document number L22000079447	
3. The delayed effective date the dissolution (effective date cannot be Note: If the date inserted in this block does listed as the document's effective date on the	prior to or more than 90 days later than date document is received for filing) s not meet the applicable statutory filing requirements, this date will not be
4. A description of occurrence that resulted 605.0707, Florida Statutes, (copy 605.070	l in the limited liability company's dissolution pursuant to section
Consent of all members	or on ones cover letter).
Consent of all members Consent of all members 5. If there are no members, enter the name a	and address of the person appointed to wind up the company's
activities and affairs: Christian Fr	
 Signature of an authorized person or if the above to wind up the company's activities a 	nere are no members, the signature of the person appointed and list and affairs:
DocuSigned by:	
CHRISTIAN Fritz	Christian Fritz
Signature	Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:	
Document number of Limited Liability Company is:	· ·
Date of dissolution was:	
Description of information that must be included in a written of	claim:
	2024 SEC TA
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	SET
	r4 ω
Mailing address where claims can be sent: (Claims cannot be	<u> </u>
A claim against the above named limited liability company wi claim is commenced within 4 years after the filing of this notice	
Printed Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00