

L220000079455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

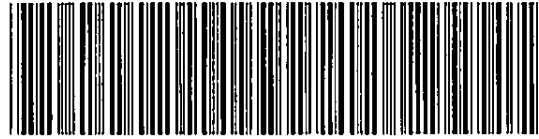
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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300435277763

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2024 AUG 26 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 AUG 26 PM 1:47

DIRECTOR  
DIVISION OF  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 08/26/2024**

**NAME: BEST COFFEE 32, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEST COFFEE 32 LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted 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/State and Zip Code)

For further information concerning this matter, please call:

Esteban J. Elias

786

779-4059

at ( )

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2024 AUG 26 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FL

1. The name of a limited liability company is  
BEST COFFEE32 LLC

2. The Articles of Organization were filed on 02/24/2022  
document number L22000079455

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Consent of all members

Consent of all members

Consent of all members

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Christian Fritz

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

DocuSigned by:

CHRISTIAN Fritz

E8984C7E378B47C

Signature

Christian Fritz

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 claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2024 AUG 26 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named limited liability company will be barred unless a proceeding to enforce the 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**