Laa 000 36 8530

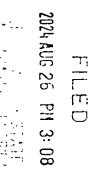
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporation	ons		
JV PCI-CF LLC SUBJECT:			
	(Name of Limited Lia	ability Comp	pany)
The enclosed member, resigna	ation or dissociation	and fee(s)	are submitted for filing.
Please return all corresponden	ice concerning this m	natter to:	
Gonzalo Lopez Jordan			
(Contact I	Person)		
Patagonia Capital Investments LLC	•		
(Firm/Cor	npany)		
1200 Brickell Ave Ste 1950			
(Addre	88)		
Miami F1, 33131			
(City/State an	d Zip Code)		
For further information conce	rning this matter, ple	ase call:	
Gonzalo Lopez Jordan		305)	961 1698
(Name of Contact Per	rson) (A	rea Code &	& Daytime Telephone Number)
Enclosed please find a check in \$25 Filing Fee			epartment of State for: Fee & Certified Copy
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314] - 	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is: JV Po		it appears on the records of the Florida Department
2. The Florida doc 1.22000268530	ument/registration number as	signed to this limited liability company is:
3. The date this mo	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. I.	al Investments LLC	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	