L21000211731

. .

(Requestor's Name) (Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J DENNIS
JUL 2 8 2023

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Office Use Only



p.800.421.2661 f.302.421.5753 www.ailcorp.com

May 18, 2023

Florida Dept of State Division of Corporations Po Box 6327 Tallahassee, FL 32314

RE: Best Choice First Choice, LLC

Dear Sir/Madam:

Please find enclosed the Statement of Agent Resignation for the above referenced LLC and a check in the amount of \$85.00. Please file with regular processing and return filed document to the following address:

American Incorporators Ltd. Attn: Kerry Jester 1013 Centre Road, Suite 403-A Wilmington, DE 19805

Please feel free to contact me with any questions at 800-421-2661. Thank you.

Sincerely.

Kerry Jester Accounts Manager





STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Florida Filing & Search Services, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for ______

Name of Limited Liability Company

L21000211731

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

bre gnature of Resigning Agent

If signing on behalf of an entity:





FILING FEES:

S 85.00Active limited liability company\$ 25.00Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314