U22 000452435

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

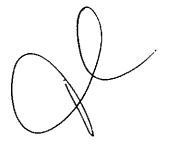
Office Use Only



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08/02/23--01008--004 **85.00

2023 AUG - 2 AM IO: 10



COVER LETTER

SUBJECT: Name of Limited Liability Compar	DV.
DOCUMENT NUMBER: L22000452435	uy.
The enclosed Resignation of Registered Agent for a Limited Liabili for filing.	ty Company and fee are submitted
Please return all correspondence concerning this matter to the follow	wing;
ALEXANDER AROCHA DIAZ	
Name of Person	
BEST PRODUCT LLC	
Name of Firm/Company	202
8348 LITTLE RD SUITE 319	2023 AUG -2
Address	-2 -2
NEW PORT RICHEY, FL 34654	AN IO: 10 Y OF STATE VSSEE, FL
City/State and Zip Code	Est 5
bestproducts2022@yahoe.com	二名
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
LOURDES AROCHA 239 203-5778	•
Name of Person at () Area Code Daytime	e Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Registration Section Division of Corporations

TO:

Street Address:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ALEXANDER AROCHA DIAZ	, hereby resigns as
Name of Registered Agent	, nereby resigns as
Registered Agent for BEST PRODUCT LLC	
Name of Limited Linbility Compa	iny ,
1.22000452435	
Document Number, if known	
A copy of this resignation was mailed to the above listed limite	d liability company at its last last last
	. ~3
The agency is terminated and the office discontinued on the 31s	st day after the date on which this state and it is f
	AUG AUG
Signature of Resign	ing Agent Agent
If signing on behalf of an entity:	SUT A
a signing on tenant of an energ.	Es 5.
- PXXI) IV 1	arho Diaz
yyteu onlytimed Name	
Carpeity	
FILING FEES: \$ 85.00 Active limited li	ishility company
\$ 25.00 Administrativel	iability company y dissolved/ voluntarily dissolved/ ted liability company
wittendwij fillin	ted haothly company
Make checks payable to Florida Depar	tment of State and mail to:
Division of Carpor P.O. Box 632	7
Taliahassee, FL ;	32314