

U22 000452435

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST PRODUCT LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L22000452435

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER AROCHA DIAZ

Name of Person

BEST PRODUCT LLC

Name of Firm/Company

8348 LITTLE RD SUITE 319

Address

NEW PORT RICHEY, FL 34654

City/State and Zip Code

bestproducts2022@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOURDES AROCHA

Name of Person

at (239)

203-5778

Area Code Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Street Address:

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

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2023 AUG -2 AM 10:10

**SECRETARY OF STATE
TALLAHASSEE, FL**

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ALEXANDER AROCHA DIAZ

Name of Registered Agent

hereby resigns as

Registered Agent for BEST PRODUCT LLC

Name of Limited Liability Company

L22000452435

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.

Signature of Resigning Agent

If signing on behalf of an entity:

Alexander Archa Diaz
Typed or Printed Name

Capacity

FILED
2020 AUG -2 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FL

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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withdrawn limited liability company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