

L23000432040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 NOV -8 PM 1:00
SEP 29 2023

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

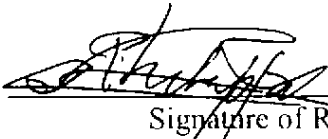
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Philippe Alabre _____, hereby resigns as
Name of Registered Agent

Registered Agent for Produits Dulson Sante et Bien-Etre LLC
Name of Limited Partnership or Limited Liability Limited Partnership

L23000432040
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.



Signature of Registered Agent

If signing on behalf of an entity:

Philippe ALABRE

Typed or Printed Name

Capacity

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2023 NOV -8 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

State of Florida
County of Lee
On this 25th day of SEPT 2023
before me personally appeared Philippe ALABRE
to me known to be the person who executed the
foregoing instrument, and acknowledged that he
executed the same as his free act and deed.
SEAL (signed) _____
NOTARY PUBLIC