M2000008850

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (Document (Validael) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer. | | | | |
| Special instituctions to Filling Officer. | | | | |
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Office Use Only



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Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE: 5/16/2023 FLORIDA

REP UNIT:

PRODUCT FIT, LLC

Enclosed for fiting please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33188 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions | of section 605,0115, Florida | Statutes, the undersigned, | |
|----------------------------|---|---|----------------------------------|
| Capitol | Corporate Services, In | C. , hereby resigns as | |
| | ame of Registered Agent | | |
| Registered Agent for | PF | RODUCT FIT, LLC | |
| <u> </u> | Name | of the Limited Liability Company | |
| M20000 | 008850 | | |
| Document Num | | | |
| A copy of this resignation | was mailed to the above list | ed limited liability company at its last | known address. |
| The agency is terminated | mac | on the 31st day after the date on which | this statement is filed. |
| If signing on behalf of an | entity: | | |
| _ | Yvette C | | _ |
| | Typed or Pri | | 202: |
| Assistant Secretary 3 | | | 3 公 |
| | Capacit | У | BERTTARY 3F OF 2023 MAY 22 |
| | FILING FEES: \$ 85,00 Active \$ 25,00 Admin withdr | limited liability company istratively dissolved/ voluntarily dis rawn limited liability company | PH 4: 50 |

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

INHS17 (2/14)



Return Acknowledgement to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 800.345.4647