

(R	equestor's Name)						
(Å	ddress)						
(A	ddress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
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## **COVER LETTER**

	tration Section ion of Corporations		
SUBJECT:_	Best Choice Cleaning, LLC		Company
DOCUMEN	Name of Lif T NUMBER: L22000492271	nited Liability	Company
		for a Limited	Liability Company and fee are submitted
Please return	all correspondence concerning th	is matter to th	e following:
Sarah Baler	1		
	Name of Person		
MyCompan	yWorks, Inc.		
	Name of Firm/Company		
187 E. Warr	m Springs Rd., Suite B		
	Address		
Las Vegas,	NV 89119		
	City/State and Zip Code		
filings@myc	companyworks.com		
E-mail ado	iress: (to be used for future annual repor	t notification)	
For further in	formation concerning this matter,	please call:	
Sarah Baler	1	702	362-2677 Daytime Telephone Number
	Name of Person	Area Code	Daytime Telephone Number
	check made payable to the Florid pany or \$25,00 for an administrati	a Department	of State for \$85.00 for an active limited I, voluntarily dissolved or withdrawn limit

## MAILING ADDRESS:

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

## STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011	<ol><li>Florida Statutes, the under the under</li></ol>	ersigned,		
Name of Registered Agent			, hereby resigns	s as	
			, , <b> </b>		
Registered Agent for Be	est Choice Clean	ing, LLC			
					,
	Name of Lin	nited Liability Company			
L22000492271					
Document Nur	nber, if known				
A copy of this resignatio	n was mailed to the	above listed limited liability	company at its	last known ad	dress.
The agency is terminated	l and the office disco	ontinued on the 31st day afte	er the date on wh	hich this stater	nent is filed.
	/s/ Jennifer Pet	ers			
		Signature of Resigning Agent			
If signing on behalf of ar	entity:				
	Jennifer Peters				
	ı.	yped or Printed Name			
	Assistant Secretary	of Registered Agent Solution	ons, Inc.	<b>20</b> ;	
		Capacity		TALE STATE	
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/ voluntarily ity company	2024 HAY -3 PH 5: 2 SEUNG MRY OF STATE TALLAHASSEESFL	FILED

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