

L13000099763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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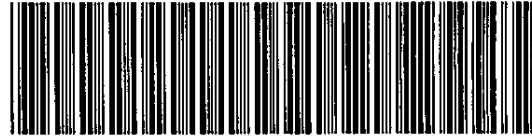
(Business Entity Name)

(Document Number)

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2014 FEB 14 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 2014

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32301

**RE.: Cover Letter  
THE BE PROGRAM, LLC**

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**CAROLINA GAVIRIA  
561 NW 497H AVENUE  
DEERFIELD BEACH, FL 33442**

For further information concerning this matter, please call:

**CAROLINA GAVIRIA  
(561) 305-2497**

Enclosed please find a check made payable to the Florida Department of State for:  
**\$25 Filing Fee**

*Carolina Gaviria*  
Carolina Gaviria

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2014 FEB 14 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:

**THE BE PROGRAM, LLC**

2. The Florida document/registration number of this limited liability company is:

**L13000099763**

3. The date this member withdrew or will withdraw is:

**January 27th, 2014**

4. I, **CAROLINA GAVIRIA**, hereby resign as **MEMBER** and **MGRM** of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Carolina Gaviria*

Carolina Gaviria  
Managing Member