

L13000099763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

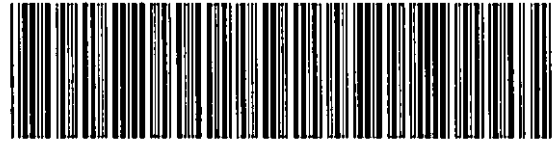
(Document Number)

Certified Copies _____

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Office Use Only



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01/05/21--01018--013 **25.00

FILED
2021 JAN -5 PM 12:10
S. YOUNG

FEB 13 2021
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BE PROGRAM, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. STEPHANIE MAY

(Name of Person)

THE BE PROGRAM, LLC

(Firm/Company)

220 MIRACLE MILE #218

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

DR. STEPHANIE MAY

(Name of Person)

954

288-2414

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
THE BE PROGRAM, LLC

2. The Articles of Organization were filed on 6/21/2013 and assigned
document number L13000099763

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2020
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

On December 8, 2020, all members consented to a voluntary dissolution of the Company by Consent Action

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Stephanie May
Signature
(Camacho)

Stephanie May (Camacho)
Printed Name

FILING FEE: \$25.00

2021 JAN -5 PM 12:13
FILED

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: THE BE PROGRAM, LLC

Document number of Limited Liability Company is: L13000099763

Date of dissolution was: 12/31/2020

Description of information that must be included in a written claim:

The name and mailing address of the claimant

The dollar amount of the claim asserted

A description of the claim asserted

The origination date of the amount claimed

Any interest obligation if fixed by an instrument of indebtedness

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Dr. Stephanie May

220 Miracle Mile #218

Coral Gables, FL 33134

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Stephanie May (Camaech)
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00