# L13000099763

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S. YOUNG

### **COVER LETTER**

TO:		istration Section sion of Corporations					
SUBJE		THE BE PROGRAM, LLC					
	,	(Name of Limit	ed Liabilit	y Comp	pany)		
The end	closed	Articles of Dissolution and fee(s) are submit	ted for fili	ng.			
Please	return	all correspondence concerning this matter to	the follow	ing:			
		DR. STEPHANIE MAY					
		(Nar	ne of Person	n)			
	THE BE PROGRAM, LLC						
	(Firm/Company)						
	220 MIRACLE MILE #218						
			(Address)				
		CORAL GABLES, FL 33134					
		(City/Sta	ite and Zip	Code)			
For fur	ther in	formation concerning this matter, please call	:				
	DR.	STEPHANIE MAY	g at (	)54	288-2414		
		(Name of Person)	a	(Area (	Code & Daytime Telephone Number)		
Enclose	d is a c	theck 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)			
		ling Address:		t Addre			
	_	gistration Section rision of Corporations	•	Registration Section			
		D. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314				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 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. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Hebane My Stephonic May Camacki)
	Signature Printed Name Printed Name

### **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:
Document number of Limited Liability Company is:
Date of dissolution was:
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

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