## 118000 196 197

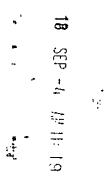
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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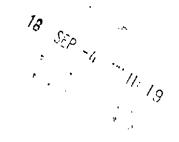


SEP 1 0 2010 S. PRATHER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Be NOW U	LC
Name of Lim	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Favah Qualo Name of Person	<u> </u>
Be NOW LLC Firm/Company	<del></del>
5363 NW 109 (VF Address	· <del></del>
City/State and Zip Code  QUALUTAVAN @ ANALY. C  E-mail address: (to be used for future annual report	em
For further information concerning this matter, please c	all:
Farah Qualo at (=	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Be Now, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
L1800	0196197
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 82018
4. I, Max Stes	han Faul (as , hereby withdraw/resign as a lame of Person Resigning)
<u> </u>	GR (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Mx Stohan	Faublas
Signaturé of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)
Certifica Copy.	φυνίνο (Optional)