

L20 000113564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

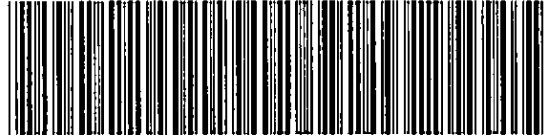
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900355863709

12/07/20--01036--019 ++55.00

2020 DEC -7 PM 2:44  
CLERK OF STATE  
TALLAHASSEE, FL

JAN 23 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WE BE Productions Medical Division LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

James Hooker

\_\_\_\_\_  
(Contact Person)

WE BE Productions Medical Division LLC

\_\_\_\_\_  
(Firm/Company)

8930 WEST STATE ROAD 84 # 263

\_\_\_\_\_  
(Address)

DAVIE, FL 33324

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Foster

405

760-1790

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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



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: WE BE Productions Medical Division LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000113564

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/14/2020

4. I, Brian Foster, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

RECEIVED  
2020 OCT -7 PM 2:44  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

11/14/2020

We Be

**From:** bfosterls7@aol.com,

**To:** jimhooker@netbusiness.com,

**Subject:** We Be

**Date:** Sat, Nov 14, 2020 3:12 pm

---

Jim, let this email confirm our conversation that I am no longer associated with We Be, therefore any documentation naming me to the company is null and void. Thank you for your time and best wishes for you and your company. Brian Foster.