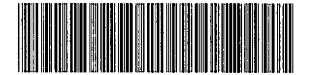
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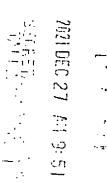
(Requestor's Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

TO: Registration Section **Division of Corporations** Be 2 LLC SUBJECT: (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: Zulama Marzol (Contact Person) Be 2 LLC (Firm/Company) 260NW 109TH AVENUE #103 (Address) MIAML FL 33172 (City/State and Zip Code) For further information concerning this matter, please call: Zulama Marzol 786 4616927 (Name of Contact Person) (Area Code & Davtime 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:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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)

Be 2	limited liability company a		
2. The Florida doct L21000305024	ument/registration number a	assigned to this limited liab	oility company is:
	<u> </u>	·	12/20/2021
3. The date this me Silvana Serapig	mber/manager withdrew/re	signed or will withdraw/res	
4. I,		, hereby withdraw/resign as a	
(Print N MGR and registe		·	
· · · · · · · · · · · · · · · · · · ·	(Print Title)		
of this limited lial resignation in wr	bility company and affirm t iting.	he limited liability compan	y has been notified of my
Sym	ssociating Member or Resignation	ie	20 23
Signature of Di	ssociating Member or Resig	gning Manager	2021 DEC
Filing Fee:	\$25.00 (Required)		27
-	\$30.00 (Optional)		
			(o .;