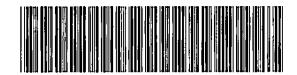


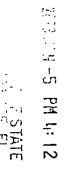
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000399789780

01/05/23--01018--001 **55.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	BE MY LITTLE TE	EDY BEAR 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:					
Ondria LaMorate (Name of Person)					
BE MY CITTLE TEDY BEARLIC (Firm/Company)					
305 NW 100TH DR (Address)					
TAMARAC FL 33321					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
	Same as about	at (650) 906/0/7 (Area Code & Daytime Telephone Number)			
	Same as a bout (Name of Person)	(Area Code & Daytime Telephone Number)			
	eck for the following amount: 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

ED

1. The name of a limited liab		2(2) JAN -5 PH 4: 12
BE MY LI	THE TEDY BEAR L	LC.
	ion were filed on Jan 12, 2	· · · · · · · · · · · · · · · · · · ·
document number <u>L2</u>	2000020500	mother to
(effecti Note: If the date inserted in	e the dissolution if not effective on the we date cannot be prior to or more than 90 day in this block does not meet the applicable fective date on the Department of State's	ays later than date document is received for filing) e statutory filing requirements, this date will not be
		y company's dissolution pursuant to section r).
Change in bu	sines strategy.	
5. If there are no members, e	nter the name and address of the pers	rson appointed to wind up the company's
activities and affairs:	Same as about - 1	Ondria Lamorte
6. Signature of an authorized above to wind up the compan	l person or if there are no members, they's activities and affairs:	the signature of the person appointed and listed
		Indria Lambete
Signature		Printed Name

FILING FEE: \$25.00