L23000079407

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Address) | | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900408349719

grungs (22- -0.10) 4 -- 922 - **25, 88



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: BE THIN 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: |
| Brenda Oliveira (Contact Person) |
| (Firm/Company) |
| 11320 Stewart Loop |
| Ox ford, FLorida 34484 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Brenda Oiverra at (865) 414-6125 (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 & Certified Copy |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

CR2E079 (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 | e records of the Florida Department |
|--|--|-------------------------------------|
| of State is: | BE THIN LLC | |
| 2. The Florida doc | ument/registration number assigned to this lin | nited liability company is: |
| | 0000 794 07 | |
| 3. The date this me | ember/manager withdrew/resigned or will wit | hdraw/resign is: <u>3-30-2</u> 3 |
| 4.1. Breno | da <u>Lee Oiverra</u> hereby wil | |
| MŦ | Print Title) | |
| of this limited lia resignation in wr | bility company and affirm the limited liability iting. | |
| Bud | La Oliveira | 8-4-vw (22) |
| Signature of Di | issociating Member or Resigning Manager | |
| Filing Fee: | \$25.00 (Required) | 9: US |
| Certified Copy: | \$30.00 (Optional) | |