44000009028

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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K. SALY

FEB - 6 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hill Condos, LLC	imited Liability C	Dimpany)
(Name of 1.	annied Liability Co	ompany)
The enclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return all correspondence concernir	ng this matter to	:
Valerie Baddorf		
(Contact Person)		_
Hill Condos, LLC		
(Firm/Company)		Angel-sale o
281 Friday Creek Rd		
(Address)		
Bellingham, WA 98229	•	
(City/State and Zip Code)		au-1914
For further information concerning this ma	atter, please cal	l:
Valerie Baddorf	302 at (690-4640
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

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 1	imited liability company as it appears on the records of the Florida Department
of State is:	Hill Condos, LLC
2. The Florida docur	ment/registration number assigned to this limited liability company is:
L14.	00000 9028
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: Jan . 28/17
4.1. Zachar	-y Baddocf hereby withdraw/resign as a me of Person Resigning)
Mem	ber Prim Tulej
of this limited liab	ility company and affirm the limited liability company has been notified of my
Signature of Dis	sociating Member or Resigning Manager
-	\$25.00 (Required) \$30.00 (Optional)