13000/22930

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	
	Office Use Or	



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ALC

12-12-14 DC

COVER LETTER

	egistration Section vision of Corporations					
SUBJEC'	H.I.P. Construction, LLC					
SUBJEC	(Name of	(Name of Limited Liability Company)				
The enclo	sed member, resignation or dis-	sociation and fee(s) are submitted for filing.			
Please ret	urn all correspondence concern	ing this matter to:				
Lisi Ross	5					
	(Contact Person)		•			
H.I.P. Co	onstruction, LLC					
	(Firm/Company)	12 (100000000000000000000000000000000000	-			
6022 Fa	rcenda Place, Suite 102					
	(Address)		-			
Melbour	ne, FL 32940					
	(City/State and Zip Code)		_			
For furthe	er information concerning this r	natter, please call:				
Lisi Ros	s	321 at (775-8120 _)			
	(Name of Contact Person)		& Daytime Telephone Number)			
Enclosed \$25 File	please find a check made payal ling Fee		Department of State for: Fee & Certified Copy			
	COURIER ADDRESS:		MAILING ADDRESS:			
` •	on Section of Corporations		Registration Section Division of Corporations			
Clifton B	uilding		P.O. Box 6327			
	cutive Center Circle ce. Florida 32301		Tallahassee, Florida 32314			

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)

H.I.P. (mited liability company as i Construction, LLC	it appears on the records of the	Florida Department	
2. The Florida docum L13000122930	nent/registration number ass	signed to this limited liability o	company is:	
			11/10/2014	
	-	gned or will withdraw/resign i	s:	
Denell M. Hast	ings	hereby withdraw/resign	ar a	
(Print Nav	ne of Person Resigning)	, hereby withdraw/resign	a5 u	
Manager	v · ·			
/0	rint Title)		•	
(1)	'mt titte)			
of this limited liabil resignation in writing		limited liability company has	been notified of my	
h Osevel	1 Leotres			
Signature of Dissociating Member or Resigning Manager				
			7	
Filing Fee:	\$25.00 (Required)		³ * ₽ ¬	
Certified Copy:	\$30.00 (Optional)		C =	
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CR2E079 (2/14)			#	