

L14000056222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

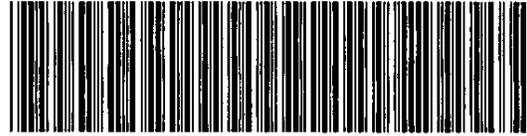
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 APR 14 PM 6:51  
FILING

B. BOSTICK  
APR 14 2014  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIB Brotherhood 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:

Brian McDonnell  
(Contact Person)

Temple Tavern  
(Firm/Company)

1116 Osceola trail  
(Address)

Winter Springs FL 32708  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian McDonnell at (407) 625 1694  
(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  \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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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)

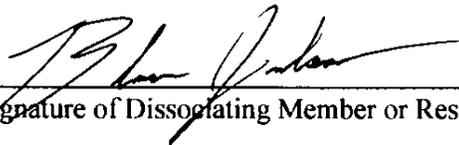
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HB Brotherhood LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000056222

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 10, 2014

4. I, Blaine Jackson, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

APR 10 2014 P 4:57