L15000123490

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COVER LETTER

TO: Registration Section Division of Corporations	
Hillo Investments, LLC SUBJECT:	
	ted Liability Company)
The enclosed member, resignation or dissocia	ntion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
James I. Pearce, esq.	
(Contact Person)	
James L Pearce, Attorney at Law, PA	
(Firm/Company)	
9957 Moorings Drive, Suite 201	
(Address)	
Jacksonville, FL 32257	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
James 1. Pearce	904 551-2109 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\Bigsir \$25\$ Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

	limited liability company as it appears on the records of the Florida Department
of State is: Hillo	Investments, LLC
2. The Florida docu L15000123490	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/31/2020
David I Cenie	. hereby withdraw/resign as a aame of Person Resigning)
Member/Manager	
of this limited had resignation in wr	Dility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)