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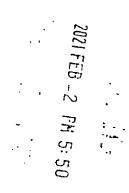
(Re	questor's Name)	
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COVER LETTER

Division of Corporations	
SUBJECT: HIP PIZZA, LLC	
	.imited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concernie	ng this matter to:
Claire J. Hilliard, Esquire	
(Contact Person)	
C.J. Hilliard Law, P.A.	
(Firm/Company)	
13750 W. Colonial Drive Suite 350 #403	
(Address)	
Winter Garden, Florida 34787	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Claire J. Hilliard, Esquire	407 225-0452 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	e to the Florida Department of State for:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations 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)

	e limited liability company as it appears on the records of the Florida Department PIZZA, LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I. Stephen Facella (Print)	, hereby withdraw/resign as a same of Person Resigning)
Manager Member	
resignation in wr	
	Juli Juli Juli Juli Juli Juli Juli Juli
Filing Fee: Certified Copy:	S25.00 (Required) S30.00 (Optional)