

L19 000077418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700359275767

03/01/21--01015--010 \*\*55.00

2021 FEB -2 PM 5:50

© SIMMONS  
MAR 16 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIP PIZZA, 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:

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 matter, 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 to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2021 FEB -2 PM 5:50

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: HIP PIZZA, LLC

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

L19000077418

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/22/2021

4. I, Stephen Facella, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager Member

(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)