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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1515

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HILL BROW LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hill Brow LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jessica Hoppe  
Name of Person

Hill Brow LLC  
Firm/Company

1501 Biscayne Boulevard, Suite 107  
Address

Miami, Florida 33132  
City/State and Zip Code

j-hoppe@rwmiami.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Hoppe at ( 646 ) 588-1074  
Name of Person Area Code and Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

