

2140000 75452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

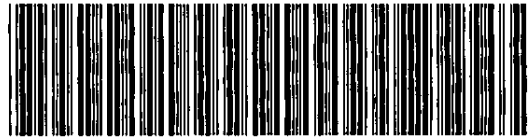
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN -5 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROGRADE MANAGEMENT, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES K. BLACK

(Name of Person)

(Firm/Company)

1016 DOLPHIN DRIVE

(Address)

CAPE CORAL, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIA DIGA

(Name of Person)

239

738-3048

at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

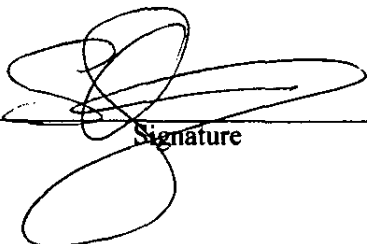
— **\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)**

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is **PROGRADE MANAGEMENT, LLC**
2. The Articles of Organization were filed on **05/09/2014** and assigned document number **L14000075492**
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
Business discontinued.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:
SILVIA DIGA
1016 DOLPHIN DRIVE
CAPE CORAL, FLORIDA 33904
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

SILVIA DIGA

Printed Name

FILING FEE: \$25.00

FILED
15 JAN - AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA