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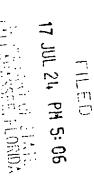
(Requestor's Name)
(1004000000,
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PICK-UP WAIT MAIL
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07/24/17--01020--023 **25.00



S. WARREN JUL 2 7 2017

COVER LETTER

Division of Corporations
SUBJECT: Highland Materials, LCC (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:
Michael Reginalds (Contact Person)
Highland Muterials, LLC (Firm/Company)
3845 Beck Blvd, Scute 807
Naples FC 34114 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Reynolds at (339) 835-3448 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee

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

CR2E079 (2/14)



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	e limited liability o	company as it ap	opears on the record	ls of the Florida Depart	ment
of State is:	Highland	morterials	140		·
2. The Florida doc	ument/registration	ı number assign	ed to this limited li	ability company is:	
L1500	2036426		_·		
3. The date this mo	ember/manager w	ithdrew/resigne	d or will withdraw/i	resign is: <u>7/17/17</u>	<u> </u>
4.1, <u>Jessica</u> (Print)	MCCICIONA Name of Person Resig	(ning)	_, hereby withdraw/	resign as a	
mombe	(Print Title)	·			
of this limited lia resignation in w		nd affirm the lin	nited liability compa	any has been notified of	
Signature of D	issociating Memb	er or Resigning	Manager	7 JUL 2	FILED
Filing Fee: Certified Copy:	•	•		SEE, FLORE	יו ני טע בי מני טע