

L160000 63857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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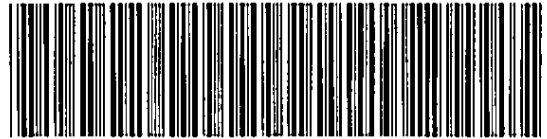
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

JG 09/25/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: High-Grade 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:

Dwight Fenton

(Contact Person)

High-Grade LLC

(Firm/Company)

772 NE 191 Terrace

(Address)

Miami FL, 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Dwight Fenton

305 479-3682
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

