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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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TALLAHASSEE, PATE

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COVER LETTER

| TO: | _ | stration Section | | |
|--------|------------------------|---|----------------------|--|
| | DIVIS | sion of Corporations | | |
| SUBJ | ECT: | High-Grade LLC | | |
| | | (Name of L | limited Liability Co | ompany) |
| The er | iclosed | d member, resignation or disse | ociation and fee(| (s) are submitted for filing. |
| Please | return | all correspondence concerni | ng this matter to | : |
| Dwight | t Fenton | ı | | |
| | | (Contact Person) | | |
| High-G | irade LI | .C | | |
| | | (Firm/Company) | | |
| 772 NE | E 191 Te | еггасе | | |
| | | (Address) | | _ |
| Miami | FL, 331 | 79 | | |
| | | (City/State and Zip Code) | | _ |
| For fu | rther i | nformation concerning this m | atter, please call | : |
| Dwight | t Fenton | ı | 305 at (| 479-3682 |
| | (N | lame of Contact Person) | | e & Daytime Telephone Number) |
| Enclos | • | ase find a check made payabl g Fee | | Department of State for: ag Fee & Certified Copy |
| | Regis Divis P.O. | ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |



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)

| | limited liability company as it appears on the records of the Florida Department Grade LLC |
|--|--|
| | ument/registration number assigned to this limited liability company is: |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: |
| Dividakt Conton | hereby withdraw/resign as a lame of Person Resigning) |
| Manager | |
| | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| Signature of D | issociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |