

L24000112195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

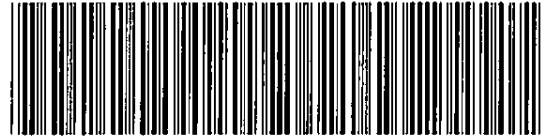
(Document Number)

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2024 MAY 13 AM 8:44  
SECY  
TALMADGE COUNTY OHIO

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7600 WILES, 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:

Marlene Leon Rubido, Esq.

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

850 NW 42 Avenue, Suite 205

\_\_\_\_\_  
(Address)

Miami, Florida 33125

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marlene Leon Rubido, Esq.

305 596-2211

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



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 limited liability company as it appears on the records of the Florida Department of State is: 7600 WILES, LLC

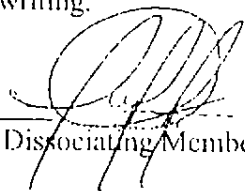
2. The Florida document/registration number assigned to this limited liability company is:  
L24000112195

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 30, 2024

4. I, CALEB HAMED, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER AND MANAGER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2024 MAY 13 AM 8:44  
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TALLAHASSEE FLORIDA