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(F	Requestor's Name)					
A)	Address)					
A)	Address)					
(0	City/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	I MAIL				
(E	Business Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						
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WE TO THE RAIS

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 12350 Wiles Road LLC (Name of Limited Liability Company)						
(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 R. LeMaire (Contact Person)						
Sader & Le Maire P.A. (Firm/Company)						
6300 NE 1st Ave #102						
Ft Lauderdale FL 33334 (City/State and Zip Code)						
For further information concerning this matter, please call:						
MICHAEL R. LeMaire at (954) 776 7004 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
(Name of Contact Person) (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\frac{1}{2}\$ \$						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						

CR2E079 (2/14)

Tallahassee, Florida 32301



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 ar	opears on the recor	ds of the Flo	rida Departmen	t
of State is:	12350	Wiles	Road LL	<u> </u>	,	
-2. The Florida docu	ment/registration	n number assign	ed to this limited l	liability comp	oany is:	•
L1000	0077	291	_·			
3. The date this men	mber/manager w	ithdrew/resigned	d or will withdraw	/resign is: <u>//</u>	August 9	, 2016
4. I, Laura (Print No.	Biron Tame of Person Resig	ning)	, hereby withdraw	v/resign as a		
Man	AGE (Print Title)	*				
of this limited liab resignation in wri		nd affirm the lin	nited liability comp	oany has beer	n notified of my	
Lung	66	,		TA.	i	
Signature of Dis	sociating Memb	er or Resigning	Manager	ECKE	S A Tri	
Filing Fee: Certified Copy:	•	•		ASSELFIOR	15 PH 2	