L04000073086

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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08/26/14--01009--002 **55.00

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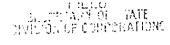
C. LEWIS
SEP 3 2014
EXAMINER

COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	JECT:	602 LAKE LLC			
		(Name of Limited Liability Company)			
The e	nclosed	l member, resignation or disso	ciation and fee(s	are submitted for filing.	
Please	e return	all correspondence concerning	g this matter to:		
JOA	NE.W	'ENZEL			
		(Contact Person)		•	
602	LAKE	LLC			
	· .	(Firm/Company)	······································	-	
2275	BIS I	SLE ROAD W.			
		(Address)		-	
PAL	M BEA	CH, FL 33480			
		(City/State and Zip Code)		-	
For fi	urther i	nformation concerning this ma	tter, please call:		
JOA	NE. W	/ENZEL	561	371-5743	
	(1)	ame of Contact Person)		& Daytime Telephone Number)	
	osed ple 25 Filing	ease find a check made payable g Fee	to the Florida D S55 Filing	Department of State for: Fee & Certified Copy	
		OURIER ADDRESS:		MAILING ADDRESS:	
		Section Corporations		Registration Section Division of Corporations	
	on Buil			P.O. Box 6327	
2661	Execut	tive Center Circle Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)





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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 li of State is:	mited liability company as it appears on the records of the Florida Department
2. The Florida docum L04000073086	nent/registration number assigned to this limited liability company is:
	her/manager withdrew/resigned or will withdraw/resign is: 8/5/2014 NUX, hereby withdraw/resign as a me of Person Resigning)
MANAGER	rint Title)
resignation in writi	\mathcal{O} .
Signature of Diss	ociating Member of Resigning Manager
Filing Fee: Certified Copy:	

CR2E079 (2/14)