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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
•	•
	Lake Partners, LLC
. (Name of	Limited Liability Company)
Dear Sir or Madam:	•
The enclosed Resignation of Member, Manag	ging Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	SECRETARY OF STATE SECRETARY OF STATE ORID
M. Owais Khanani	ARET IUG
(Name of Person)	
,	PP PP
Turkey Lake Partners, LLC	Frs 2
(Firm/Company)	OR RIVER
1507 S. Hiawassee Rd. Suite 207	
(Address)	
Orlando, FL 32835	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
M. Owais Khanani	_{at (} 321) 287-4898
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amou	int:
 ✓ \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
CR2E079 (8/05)	





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, M. Owais Khanani	, hereby resign as Manager
	(Title) TASS
of Turkey Lake Partners, LLC	L ARI
(Limited Liability	y Company)
a limited liability company organized under the laws	s of the State of Florida
and affirm that the limited liability company has bee	en notified in writing of the resignation.
Contraction of the second of t	
(Signature of resigning manager, m	nanaging member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314