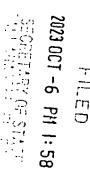
## 

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City)	/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busi	iness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	J DEHITO		
	KOV + 0, 2023		





10/06/28--01006--018 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
Pinetree Lake, LLC (but changing it back to "Pine SUBJECT:	Tree Lake, LLC" also with this filing)
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Shannon McLin	
(Contact Person)	<del></del>
Pine Tree Lake, LLC	
(Firm/Company)	<del></del>
2201 Gordon Path	
(Address)	<del></del>
The Villages, FL 32163	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please ca	all:
Shannon McLin 352	874 8100
	Ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	da Department of State for:
■ \$25 Filing Fee	iling Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Ck # 552	Tallahassee, FL 32303

CR2E079 (2/14)



## 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	s it appears on the records of the I	Florida Department
2. The Florida docu 1.10000089473	iment/registration number a	ssigned to this limited liability co	mpany is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	October 2, 2023
4. I. Gwendolyn F. M	leLin	, hereby withdraw/resign as	s a
Manager			
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has b	been notified of my
Sh	ssociating Member or Resig	Lis	
Signature of Di	ssociating Member or Resig	ning Manager	<b>2023</b>
	\$25.00 (Required) \$30.00 (Optional)		FILED 2023 OCT -6 PH SECRETARY CES