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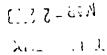
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To:



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 a	as it appears on the records	of the Florida	ı Department
of State is:DL	ake Wellington, LLC		**********	
2. The Florida docu	ment/registration number :	assigned to this limited lial	bility company	is:
L1000009	4409			
3. The date this me	mber/manager withdrew/re	signed or will withdraw/re	sign is: <u>2/28</u>	/2023
	nruk & Company, LLP ame of Person Resigning)	, hereby withdraw/re	esign as a	
MGR				
MGR (Print Title) of this limited liability company and affirm the limited liability resignation in writing.				2
of this limited liab resignation in wri	oility company and affirm ting.	he limited liability compar	ny has been no	ntified of my
	M-			<u> </u>
Signature of Di	ssociating Member or Resi	gning Manager		-K
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_	\$25.00 (Required) \$30.00 (Optional)			