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COVER LETTER

TO: Registration Section	4			
Division of Corporations				
	n The Lake, LLC			
(Name of Limited Lia	bility Company)			
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.			
Please return all correspondence concerning this m	atter to:			
JENNIFER R. LENOX				
(Contact Person)				
	·····			
(Firm/Company)				
3346 Horseshoe BEND Ct				
(Address)				
LONGWOOD, FL 32779				
(City/State and Zip Code)	·······································			
•	ace call:			
For further information concerning this matter, please call:				
JENNIFER LENOX BLICK	107,670-5833			
	rea Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the F \$2 \$25 Filing Fee	lorida Department of State for: 55 Filing Fee & Certified Copy			
	is thing too a continua copy			
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	•			

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statútes)

			•	
				of the Florida Department
of State is:	EAMING TREE ON	u The	lake, L	<u>IC</u>
	ment/registration number a			
<u> 14000</u>	0152427			
3. The date this mer	nber/manager withdrew/re	signed or	will withdraw/re	sign is: 12/31/2014
4. I, LEE	J. ADLER		ereby withdraw/t	<i>1</i>
(Print No	me of Person Resigning)			
	thorizEd MEMBER Print Title)	2		
of this limited liab	oility company and affirm t	the limited	l liability compa	ny has been notified of my
resignation in wri	ting.			
	belan	· ;	; 	\
Signature of Dis	ssociating Member or Resi	gning Ma	nager	
	3			
		; ,	Y V	•
Filing Fee:	\$25.00 (Required)	***	•	
Certified Copy:	\$30.00 (Optional)			