

L12 000130625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

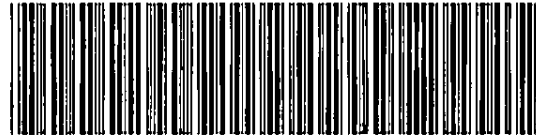
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

2/23/21

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stepping Stones Recovery Center LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kay Caliendo

(Contact Person)

Allerand Capital, LLC

(Firm/Company)

675 Indiantown Rd; Suite 103

(Address)

Jupiter, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Kay Caliendo

(Name of Contact Person)

at ( 561 ) 427 6776

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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2021 JAN 15 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FL

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 as it appears on the records of the Florida Department of State is: Stepping Stones Recovery Center LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000130625

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/08/20

4. I, Allerand Recovery Holdingco, LLC, hereby withdraw/resign as a  
(Print Name of Person Resigning)

manager, member, officer

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

ALLERAND RECOVERY HOLDINGCO, LLC

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)