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COVER LETTER

Division of Corporations Behavioral Stepping Stones LLC SUBJECT: (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: Cathy L Patton (Contact Person) (Firm/Company) 331 Tequesta Dr #121 (Address) Tequesta, Florida 33469 (City/State and Zip Code) For further information concerning this matter, please call: Cathy L Patton (Name of Contact Person) (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

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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TO:

Registration Section



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)

Beha	limited liability company as vioral Stepping Stones LLC	it appears on the records of the Florida Department
2. The Florida doc 1.15000109440	ument/registration number as	ssigned to this limited liability company is:
	ember/manager withdrew/res	igned or will withdraw/resign is:
(Print I	ame of Person Resigning)	, hereby withdraw/resign as a
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ning Manager

CR2E079 (2/14)