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,	(Requestor's Name)		
	(Address)		
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	(City/State/Zip/Phone #)		
PICK-UF			
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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K. SALY SEP 2 1 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: 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:

Jeremy Levin

. -

(Contact Person)

Stepping Stones Community Solutions LLC

(Firm/Company)

702 51st Street East Unit 1516A

(Address)

Bradenton, FL 34208

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeremy Levin	727 at (	768-1747
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 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

CR2E079 (2/14)



FILED 2017 SEP 20 PM 2:21 AHASSI TORINA

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)

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

## L16000132334

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I. \_\_\_\_\_

\_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person Resigning)

AMBR

(Print Title)

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

nh

Signature of Dissociating Member or Resigning Manager

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