

L24000229944

10/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

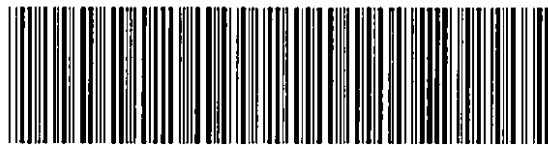
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200436874642

09/23/24--01003--013 ++25.00

2024 SEP 23 PM 12:21  
STATE OF FLORIDA  
TALLAHASSEE, FL

1. 2.

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANDALUSIA RECOVERY RETREAT 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:

ESELINA SEPULVEDA

(Contact Person)

ANDALUSIA RECOVERY RETREAT LLC

(Firm/Company)

3400 ANDALUSIA BLVD

(Address)

CAPE CORAL, FL. 33909

(City/State and Zip Code)

For further information concerning this matter, please call:

ESSELINA SEPULVEDA at (303) 718-9237  
(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



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: ANDALUSIA RECOVERY RETREAT LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L24000229944
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/11/24
4. I, AMANDA MAIKE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

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

September 15, 2024

Signature of Dissociating Member or Resigning Manager

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

2024 SEP 23 PM 12:21  
SEAL OF THE STATE  
TALLAHASSEE, FL