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SECRETARY OF STATI TALLAHASSEE, FLORIO

2001 JAN 22 P 12: 20

COVER LETTER

Division of Corporations	
SUBJECT: Little Sprout Baby, LLC (Name of Lin	nited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	g Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kellie Amodeo	
(Name of Person)	
Little Sprout Baby, LLC	XI
(Firm/Company)	OT JI
2613 Brinley Dr.	JAN 22 PI RETARY OF SAHASSEE, FL
(Address)	
Trinity, FL 34655	PILED 1001 JAN 22 P 12: 20 SECRETARY OF STATE ALLAHASSEE. FLORIDA
(City/State and Zip Code)	DA ZO
For further information concerning this matter, p	lease call:
Kellie Amodeo	at (727) 364-9331
(Name of Person)	(Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee	\$55 Filing Fee &
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Leslie Miller	hereby resign as Manager
	(Title)
of Little Sprout Baby, LLC	
(Limited Li	ability Company)
a limited liability company organized under the	laws of the State of Florida Es
and affirm that the limited liability company ha	s been notified in writing of the esignation.
	22 22 SSEI
Sel William	
(Signature of resigning manag	er, managing member or member 2
, <u>, , , , , , , , , , , , , , , , , , </u>	er, managing member or member 7

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314