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COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	The Sanibel Sprout LLC		
20122011	(Name of L	imited Liability Con	npany)
The enclosed	d member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return	all correspondence concernin	g this matter to:	
Veronica N	ikki Rood		
1	(Contact Person)		-
The Sanibe	el Sprout		
	(Firm/Company)		-
2463 Periw	rinkle Way		
	(Address)		-
Sanibel, FL	. 33957		
	(City/State and Zip Code)		-
For further i	nformation concerning this ma	itter, please call:	
Nikki Rood		786	302-3626
(N	Jame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ease find a check made payable g Fee	to the Florida D \$55 Filing	epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration	Section Corporations		Registration Section Division of Corporations
Clifton Build			P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314
	Florida 32301		

CR2E079 (2/14)





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)

The	limited liability company a Sanibel Sprout, LLC	as it appears on the records of the Florida Department
2, The Florida doc L1100013167		assigned to this limited liability company is:
2. The data this ma	ombor/monaror withdrow/s	01/01/2018
	ember/manager withdrew/re	esigned or will withdraw/resign is:
Edith Rood 4. I.		, hereby withdraw/resign as a
(Print N	Name of Person Resigning)	
Co-Owner		
	(Print Title)	
of this limited lia	bility company and affirm	the limited liability company has been notified of my
resignation in wr	riting.	
Eux	Rod	
Signature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Conv.	\$30.00 (Optional)	