

L18000243695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

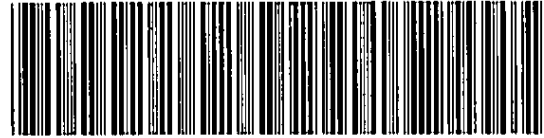
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
19 OCT 16 AM 9:36
STOCKPORT, MA
FALL RIVER, MA

OCT 17 2019

T 00HRCEBER

TO: Registration Section
Division of Corporations

SUBJECT: Sprout Kids Agency LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L18000243695

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susanne Thomas

Name of Person

Name of Firm/Company

144 NW 9th Ave.

Address

Boca Raton, FL 33444

City/State and Zip Code

susanne@talentdirect.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susanne Thomas

at (561) 329-1420

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Susanne Thomas, hereby resigns as

Name of Registered Agent

Registered Agent for Sprout Kids Agency LLC

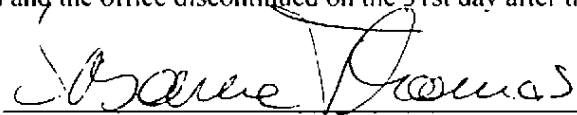
Name of Limited Liability Company

L18000243695

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
19 OCT 16 AM 9:35
STATE OF FLORIDA
TALLAHASSEE, FL 32314

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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