

M 100000001294

(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:

RA RES

Office Use Only

B. KOHR

FEB 14 2012

EXAMINER



100220550721

02/13/12--01023--004 **25.00

FILED
RECEIVED
FEB 13 2012
12 FEB 13 PM 3:34

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sleepy Sprouts, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M10000001294

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:

Jacqui Lockerd
Name of Person

Registered Agent Solutions, Inc.
Name of Firm/Company

515 Congress Ave. Suite 2300
Address

Austin, TX 78701
City/State and Zip Code

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

For further information concerning this matter, please call:

Jacqui Lockerd at (888) 705-7274
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

12 FEB 13 PM 3:34
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
12 FEB 13 PM 3:34
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

REGISTERED AGENT SOLUTIONS, INC., hereby resigns as

Name of Registered Agent

Registered Agent for SLEEPY SPROUTS LLC

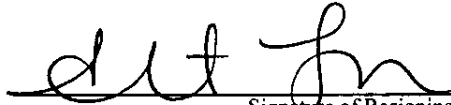
Name of Limited Liability Company

M10000001294

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:

Art Flores

Typed or Printed Name

Assistant Secretary

Capacity

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

12 FEB 13 PM 3:34
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

REGISTERED AGENT SOLUTIONS, INC., hereby resigns as

Name of Registered Agent

Registered Agent for SLEEPY SPROUTS LLC

Name of Limited Liability Company

M10000001294

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:

Art Flores

Typed or Printed Name

Assistant Secretary

Capacity

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