M15000098043

(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:

J. HORNE
APR - 5 2023

Office Use Only

600405617676

2023 APR -4 AM 11:15

2023 APR -4 AM 11:45

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 635560 8052712

AUTHORIZATION :

COST LIMIT : $ 60.00

ORDER DATE : April 4, 2023

ORDER TIME : 9:23 AM

ORDER NO. : 635560-005

CUSTOMER NO: 8052712

FOREIGN FILINGS

NAME: SPROUT HEALTH LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPROUT HEALTH LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIZA CICCONE
(Name of Person)

SPROUT HEALTH LLC
(Firm/Company)

3 CORBETT WAY
(Address)

EATONTOWN, NJ 08701
(City/State and Zip Code)

For further information concerning this matter, please call:

LIZA CICCONE at (732) 500-0565
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SPROUT HEALTH LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

10/8/2015

(Date registered with Florida Department of State)

M15000008043

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(Signature of authorized representative)

Liza Ciccone

(Typed or printed name of signee)

Filing Fee: $25.00