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PICK-UP	TIAW [MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpora			<i>*</i>
SUBJECT: Dev		Ninistries eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdrawal and	fee(s) are submitted	I for filing.	
Please return all corresponde		-	;;
Ashle	webb Jame of Person)		-
Devin We	Ministri Pirm/Company)	<u>es</u>	-
1501 Macin	tosh Dr. Address)		-
Mt. Julie	TN 3	1122	-
For further information conc	erning this matter, pl	ease call:	
Ashley Well Name of P	ob erson)	at (<u>LQ\5</u> (Area Code &	975 - 7170 Daytime Telephone Number)
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n utions uter Circle	Regist Divisi P.O. F	tration Section on of Corporations Box 6327 eassee, Florida 32314
Enclosed is a check for the	following amount:		
	O Filing Fee & ertificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILE.D

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Devin Webb Ministries LLC (Name of limited liability company)			
(Name of limited liability company)			
Ashley Webb (Jurisdiction of its organization)			
(Jurisdiction of its organization)			
OU 20 200 (Date registered with Florida Department of State)			
(Date registered with Florida Department of State)			
M0600003557			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this state.			
Johly & Will			
(Signature of authorized representative)			
Ashley E Webb			
(Typed or printed name of signee)			

Filing Fee: \$25.00