

L14 000017018

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Assurance Financial Services L.L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000017018

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:

Hilary Davis  
Name of Person

Assurance Financial Services L.L.C.  
Name of Firm/Company

2517 Osceola Drive  
Address

Sant Brd, Florida 32473  
City/State and Zip Code

davishilary414@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilary Davis at 407 615-0710  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Hilary Davis

Name of Registered Agent

, hereby resigns as

Registered Agent for Assurance Financial Services L.L.C

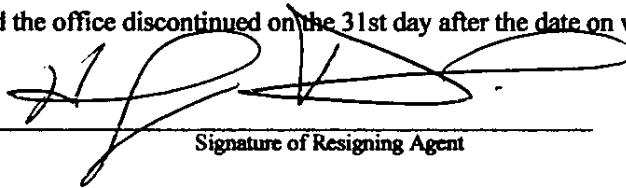
Name of Limited Liability Company

1140000017018

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

## 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withdrawn limited liability company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