# L18000072835

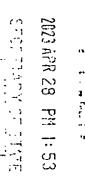
(Requestor's Name)
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RA Resignation

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### COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Devotions Studio, LLC		
Name of Limited Liability	Company	•
DOCUMENT NUMBER: L18000072835		_
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee a	re submitted
Please return all correspondence concerning this matter to the	ne following:	
United States Corporation Agents, Inc.		
Name of Person	-	
Legalzoom.com, Inc.		
Name of Firm/Company	•	
9900 Spectrum Dr.		
Address	-	
Austin, TX 78717		
City/State and Zip Code	-	
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report notification)	•	
For further information concerning this matter, please call:		20:
at (	773-0888  Daytime Telephone Number	
Name of Person Area Code	Daytime Telephone Number:	28
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an ac d, voluntarily dissolved or wi	tive limited 11 thdrawn limited
	· ·	.i

#### 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 605.01.	5. Florida Statutes, the unders	signed.			
United States Corporation Agents, Inc.			hereby resigns as			
Nam	_ , nereby resigns as					
Registered Agent for Devot	ions Studio,	LLC				
	Name of Lin	nited Liability Company		<del>-</del> .	<u> </u>	
L18000072835						
Document Number,	if known					
A copy of this resignation wa	s mailed to the	above listed limited liability co	ompany at its last kno	own addro	ess.	
The agency is terminated and  ——  If signing on behalf of an enti		ontinued on the 31st day after to the signature of Resigning Agent	the date on which thi	s stateme	nt is fil	ed.
	-	•				
Che	eyenne Mose	<del>-</del>		ca	2023	
Assi		yped or Printed Name United States Corporation Ager	nts, Inc.	7	23 APR	و <u>ب</u>
<del></del>		Capacity	<del></del>		₹ 28	gradicans great as
	FILING \$ 85.00 \$ 25.00	<u>FEES:</u> Active limited liability con Administratively dissolved withdrawn limited liability	/ voluntarily dissolv	A STATE OF THE PROPERTY OF THE	PM 1:53	

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