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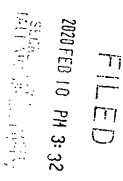
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## COVER LETTER

TO: Registration Section Division of Corporations				
Devon Consulting LLC		· · · · · · · · · · · · · · · · · · ·		
	mited Liability (	Combany		
DOCUMENT NUMBER: L18000280948	<del></del>			
The enclosed Resignation of Registered Agen for filing.	t for a Limited	Liability Company and fee are submitted		
Please return all correspondence concerning the	nis matter to the	e following:		
United States Corporation Agents, Inc.				
Name of Person				
Legalzoom.com, Inc.				
Name of Firm/Company				
101 North Brand Blvd. 11th Floor				
Address				
Glendale, CA 91203				
City/State and Zip Code				
raresignations@legalzoom.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matte	r, please call:			
Kasandra Lund	800 at (	773-0888 x3951		
Name of Person	Area Code	) Daytime Telephone Number		
Enclosed is a check made payable to the Flor hability company or \$25.00 for an administraliability company.	ida Department tively dissolved	of State for \$85,00 for an active limited d. voluntarily dissolved or withdrawn limited		
MAHLING ADDRESS:	STREET ADDRESS:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Fallahassee, FL 32314	266) Executive Center Circle			

Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011:	5. Florida Statutes, the under	signed.			
United States Corporation Agents, Inc.		_ , hereby resigns as				
Name of Registered Agent						
Registered Agent for	evon Consulting L	LC				
	Name of Lim	ited Liability Company				
L18000280948						
Document No	amber, if known					
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its last	known ac	ddress.	
The agency is terminate	ed and the office disco	ntinued on the 31st day after	r the date on which	rthis state	ment is	s filed.
		Agnature of Resigning Agent				
If signing on behalf of a	in entity:					
	Cheyenne Mose	ley		<u> </u>	20	
	Ī	yped or Printed Name		- <u>-                                  </u>	2020 FEB   O	<del></del>
	Asst. Secretary for U	Inited States Corporation Ag	ents, Inc.		Œ	
		Capacity			10	<u> </u>
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	1244 1827	121215.2		. n :	င္မာ	C
	FH.ING \$ 85.00 \$ 25.00	Active limited liability of Administratively dissolve withdrawn limited liability	ed/voluntarily dis-	를분 Mb5Nos	PH 3: 32	

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