10/8/2014

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CALANDRINO LAW FIRM

Account Number : 120090000062

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: (407)601-4905 : (407)601-4910

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: 4 Zackery Qual. Com

LLC REGISTERED AGENT RESIGNATION DEVOUT LIFE, LLC

Certificate of Status	0
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Page Count	01
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OCT 10 2014

T. CARTER

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section Division of Corporations

COVER LETTER

Douget Life 110	
SUBJECT: Devout Life LLC Name of Limited Liability Company	
DOCUMENT NUMBER: M/2000004906	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.	d
Please return all correspondence concerning this matter to the following:	
Philip K. Calandrino Name of Person	
Assured Compliance Services, LLC Name of Firm/Company	
Name of Firm/Company	
301 East Pine Street Suite 950	
Orlando/FL 32301 City/State and Zip Code	
/ City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
You retailed another concerning this matter, presse can,	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

at (407) 206-6747

Area Code Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	7	TAE SE
ASSURED Compliance Services, LLC hereby resigns as	OCT -	CRETA
Registered Agent for Devout Life, LLC	— 	SSEE, I
Name of Limited Liability Company	04:2	STATE FLORIDA
M12000004906	0	DA B
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known	ı address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this st	at emen t is fi	led.
Signeture of Resigning Agent		
If signing on behalf of an entity:		
PHULIP V CALANDE IN O Typed or Printed Name		
MANAGER_ Capacity		
Capacity		

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

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company