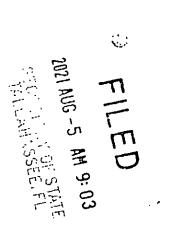
L18000197346

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Dr	ocument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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TO:	Registration Section Division of Corporations	•
SUBJI	ECT: Prayer Centers IBW LLC Name of Limited Liability	
		Company
DOCU	JMENT NUMBER: L18000197346	
The en for fili	iclosed Resignation of Registered Agent for a Limited ng.	Liability Company and fee are submitted
Please	return all correspondence concerning this matter to the	ne following:
United	d States Corporation Agents, Inc.	
	Name of Person	
Legal	zoom.com, Inc.	
	Name of Firm/Company	
9900	Spectrum Dr.	
	Address	
Austin	n, TX 78717	
	City/State and Zip Code	
raresi	gnations@legalzoom.com	
E-1	mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	at (800	773-0888
	Name of Person at (Area Code	Daytime Telephone Number
Enclose liability liability	ed is a check made payable to the Florida Department y company or \$25.00 for an administratively dissolved y company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

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	of section 605.011	5, Florida Statutes, the unc	lersigned.	
United States Corpora	ition Agents, Ir	nc.	, hereby resigns as	
Name of Registered Agent		nt	, nercoy resigns as	
Registered Agent for Pray	er Centers IBV	V LLC		
	Name of Lin	nited Liability Company		
L18000197346				
Document Numbe	r, if known			
A copy of this resignation w	vas mailed to the a	above listed limited liabilit	y company at its last known add	lress.
The agency is terminated ar	nd the office disco	ontinued on the 31st day aft	er the date on which this statem	nent is filed.
		Signature of Resigning Agent		
If signing on behalf of an er	ntity:			
C	heyenne Mose	eley		
_	1	yped or Printed Name		
As	sst. Secretary for U	Jnited States Corporation A	gents, Inc.	
		Capacity		3
	FILING \$ 85.00 \$ 25.00	Active limited liability of	company ved/voluntarily dissolved/	FILED

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