L230005571461

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: J. HORNE APR 1 6 2024





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03/27/24--01024--020 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: West Bradenton Biblical Counseling LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000557661	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are 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:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 AGE FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

United States Corporation Agents, Inc.

Name of Registered Agent

Registered Agent for West Bradenton Biblical Counseling LLC

Name of Limited Liability Company

L23000557661

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
Asst. Secretary for United States Corporation Agents, Inc.

Capacity

FILING FEES:

Cheyenne Moseley

\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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