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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: as-apenhesignations@wotershipwer.com

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LLC REGISTERED AGENT RESIGNATION BCV SOCIAL LLC

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K. SALY

JAN 1 8 2024

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the	undersigned,
C T CORPORATION SYSTEM	hereby resigns as
Name of Registered Agent	, ilcitory resigns as
Registered Agent for	
BCV SOCIAL LLC	F.
Name of Limited Liability Company	
M19000004468	-
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liab. The agency is terminated and the office discontinued on the 31st day	
Naming Helm - Brown	
Signature of Resigning A	gent
If signing on behalf of an entity:	
NANCY HELM-BROWN	
Typed or Printed Name	
ASSISTANT SECRETARY	
Capacity	

FILING FEES:
\$ 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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