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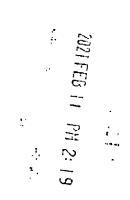
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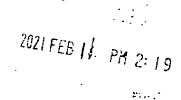
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COVER LETTER

TO: Registration Section Division of Corporations		
B&C Insurance Group, LLC SUBJECT:		
	Limited Liability Co	ompany)
The enclosed member, resignation or diss	sociation and fee	(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to):
Brian Barrison		
(Contact Person)		_
B&C Insurance Group, LLC		
(Firm/Company)		
2901 Stirling Road Ste 310		
(Address)		
Fort Lauderdale, FL 33312		
(City/State and Zip Code)		
For further information concerning this n	natter, please cal	1:
Brian Barrison	954 at (829-1501)
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payab \$\equiv \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department Insurance Group, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 04/01/2021
Member	
	(Print Title)
resignation in wr	
Signature of/D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)