

L20 000211996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

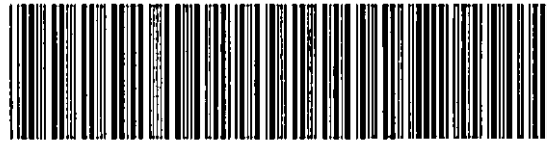
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000362890490

04/06/21 - 01015 - 020 **85.00

FILED
2021 APR - 6 PM 5:32
CLERK OF COURT
JANET S. HARRIS

RH/Kes

JUN 07 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BCM LUXURY SERVICES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L20000211996

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martin A. Rothbard
Name of Person

Rothbard & Company LLC
Name of Firm/Company

8211 West Broward Boulevard
Address

Plantation, FLorida 33324
City/State and Zip Code

mrothbard@rothbardcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin A. Rothbard at (954) 321-9991
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Rothbard & Company LLC, hereby resigns as
Name of Registered Agent

Registered Agent for BCM LUXURY SERVICES LLC

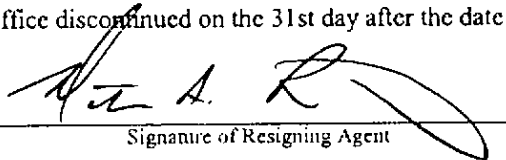
Name of Limited Liability Company

L20000211996

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:

Martin A. Rothbard
Typed or Printed Name
Manager
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

FILED
2021 APR - 6 PM 5:32
TALLAHASSEE, FL