

L20 000211996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

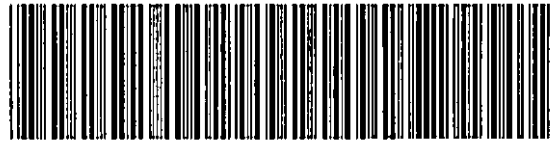
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2021 APR - 6 PM 5:32  
CLERK OF COURT  
STATE OF FLORIDA

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JUN 07 2021  
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**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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

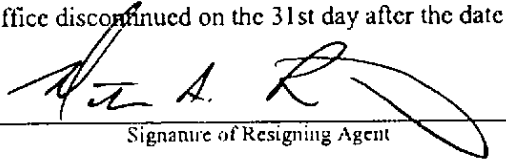
Name of Limited Liability Company

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