

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.  
Account Number : I20080000090  
Phone : (305) 670-1991  
Fax Number : (305) 670-1993

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BULL WAY GROUP, LLC

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BULL WAY GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L06000110727

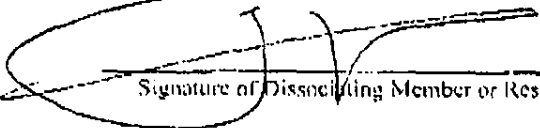
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, CAPIZZI, SALVADOR OJOSE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of  
resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

17 JAN 27 AM 8:30  
RECEIVED  
FLORIDA  
SECRETARY OF STATE