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TO: Registration Section

CR2E079 (2/14)

Division of Corporations BIZWOLF, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: SAMANTHA M. HOWES (Contact Person) BIZWOLF, LLC (Firm/Company) 7021 PENZANCE BLVD (Address) FORT MYERS, FL 33966 (City/State and Zip Code) For further information concerning this matter, please call: SAMANTHA M. HOWES (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 ap	ppears on the records of the Flo	rida Depa	rtme	nt
of State is:B	ZWOLF, LLC				
	ament/registration number assign		pany is:		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: _		12/31/2017			
4. I.	SE	. hereby withdraw/resign as a			
(Print N	ame of Person Resigning)	<u>.</u>			
MGR					
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the limiting.	nited liability company has been	n notified	of m	y
(Srue	1 Krosi		<u></u> ,	18	
Signature of Dissociating Member or Resigning Manager			J.M.E.		
Filing Fee:	\$25.00 (Required)		711 - 4	5	
	\$30.00 (Optional)		VOIDS	AM 10: 26	D