## 196000094554

(Re	eguestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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M/ Ri Resign

OR SEP 25 PH 12: 21

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Bizway, Inc.	Olama (Carrent'an)
_	(Name of Corporation)
DOCUMENT NUMBER:	296000094554
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	e concerning this matter to the following:
Gary Livigne	
(Name of	Person)
Bizway Inc.	
(Name of Firn	n/Company)
8074 West McNab Road	
(Addre	ess)
North Lauderdale, Florida 3	3068
(City/State and	d Zip Code)
For further information concern	ing this matter, please call:
Gary Livigne	at ( 954 ) 724-3745 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 r	nade payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Michael G. Livigne	, hereby resign as VP/D	
	(Title)	
of Bizway, Inc.		
(1)	Name of Corporation)	
P96000094554	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314