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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: LQ CONSULTING LLC (Name of Limit	ted Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
AIDA DE LEON (Name of Person)		
LQ CONSULTING LLC (Firm/Company)		
6901 SW 147 AVE APT 3D (Address)		
MIAMI, FLORIDA 33193 (City/State and Zip Code)		
For further information concerning this matter, please call:		
JACLYN LEON	at (786) 487-9739	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	☐\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, JOHANA LEON	, hereby resign as MANAGER / MEMBER
	(Title)
of LQ CONSULTING LLC EIN# 20-2991191	
(Limited Liability	Company)
a limited liability company organized under the laws	of the State of FLORIDA
and affirm that the limited liability company has bee	n notified in writing of the resignation.
Signature of resigning manager, m	
(Signature of resigning manager, m	anaging member of member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314