11300000233355

(Requestor's Name)
(Address)
(Addiess)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;





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SECRETARY DE STATE

O SIMMONS
DEC 07 2021

COVER LETTER

TO: **Registration Section** Division of Corporations IWG INVESTMENTS, 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: ARIEL GIGLIO (Contact Person) DELUXE REALTY LLC (Firm/Company) 5485 WILES RD STE 403 (Address) COCONUT CREEK FL 33073 (City/State and Zip Code) For further information concerning this matter, please call: ARIEL GIGLIO (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 Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

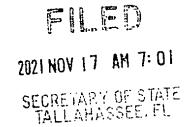
2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314





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)

	limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc L13000023335	ument/registration number assigned to this limited liability company is:
SUSANA GOM	ember/manager withdrew/resigned or will withdraw/resign is: EZ
MGR	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)