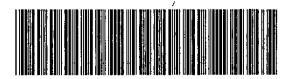
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LANASSEE, FLORIDA

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COVER LETTER

Division of Co					
	IAQ, LLC		,		
Name of Limited Liability Company					
	of Amendment and fee(s) are sub-	_			
Please return all corres	pondence concerning this matter	to the following:			
	Lisa Lanza, Esq.		·		
		Name of Person			
	MELISSA P. LANZA, P.A	۸.			
		Firm/Company			
	104 Crandon Blvd., Suite	1 20	•		
		Address			
	Key Biscayne, FL 33149				
		City/State and Zip Code	***************************************		
	llanzalaw@aol.com E-mail address: (to be used for future annual report notif	ication)		
For further information	a concerning this matter, please c				
Lisa		305 361-0997			
Name	e of Person		: Telephone Number		
Enclosed is a check for	r the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 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)

	limited liability company as	it appears on the records o	of the Florida Department
2. The Florida doc	ument/registration number as 3	ssigned to this limited liabi	lity company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/res	2/6/2017
	Rodriguez Reategui		
(Print N	lame of Person Resigning)	·	•
Manager and	Member		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability company	y has been notified of my
Signature of D	sociating Member or Resig	ning Manag er	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		ARY OF STA