

L2 0000391706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

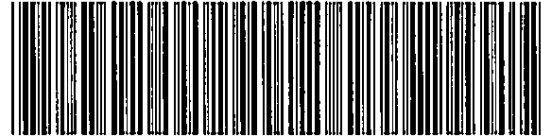
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IAQ-CPR LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.20000391706

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Faucher
Name of Person

IAQ-cpr LLC
Name of Firm/Company

1221 Manor Dr S
Address

Weston, FL 33326
City/State and Zip Code

christian@iaq-cpr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Faucher at (954) 914-6079
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Mark Faucher _____, hereby resigns as

Name of Registered Agent

Registered Agent for IAQ-CPR LLC

Name of Limited Liability Company

L20000391706

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Mark Faucher 1/2/23

Signature of Resigning Agent

If signing on behalf of an entity:

MARK FAUCHER

Typed or Printed Name

Capacity

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2023 JUN 17 AM 9:28
TALLAHASSEE, FLORIDA

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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