L2 0000391706

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

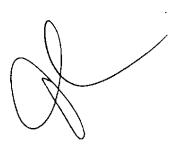
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01/17/23--01032--020 **85.00





COVER LETTER

Division of Corporations			
SUBJECT: Name of Limited Liability Company			
DOCUMENT NUMBER: L20000391706			
The enclosed Resignation of Registered Agent for a Limited Liability Comp for filing.	any and fee are	submi	tted
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		2023 JAH 17 AH	
Weston, FL 33326		J.	- ;
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	7	
christian@iaq-cpr.com	·; '		; ټړ س=ړ
E-mail address: (to be used for future annual report notification)		9: 2	K REEL
For further information concerning this matter, please call:		æ	
Mark Faucher 954 914-6079 at ()			
Name of Person Area Code Daytime Teleph	one 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	605.0115. Florida Statutes, the undersig	gned,
Mark Faucher	h	ereby resigns as
Name of Reg		orotty rosigate as
Registered Agent for HAQ-CPR LLC	···	
N	ame of Limited Liability Company	<u> </u>
1.20000391706		
Document Number, if known	n	
A copy of this resignation was maile	ed to the above fisted limited liability con	npany at its last known address.
The agency is terminated and the off	fice discontinued on the 31st day after th	e date on which this statened is file
	ed to the above fisted limited liability confice discontinued on the 31st day after the Marker Marke	1/23 MILITARY
If signing on behalf of an entity:		
	MARK FRICKER	9: 28
	Typed or Printed Name	, •
	Capacity	

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

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