

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000097912

Entity Name: INFRASTRUCTURE UNDERWATER, LLC

Current Principal Place of Business:

2121 OLD HICKORY TREE RD
SAINT CLOUD, FL 34772

Current Mailing Address:

2121 OLD HICKORY TREE RD
SAINT CLOUD, FL 34772 US

FEI Number: 59-3352901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RESER, DAVID
Address 2121 OLD HICKORY TREE RD
City-State-Zip: SAINT CLOUD FL 34772

Title MGR
Name INGHAM, KERRI
Address 12596 W BAYAUD AVE
STE 300
City-State-Zip: LAKEWOOD CO 80228

Title MGR
Name DODD, DAVID
Address 15 PELHAM DAVIS CIRCLE
City-State-Zip: GREENVILLE SC 29615

Title MGR
Name HICKSON, FRANK
Address 2121 OLD HICKORY TREE RD
City-State-Zip: SAINT CLOUD FL 34772

Title MGR
Name ORR, DAVID
Address 2121 OLD HICKORY TREE RD
City-State-Zip: SAINT CLOUD FL 34772

Title MGR
Name PENDER, REBECCA
Address 2121 OLD HICKORY TREE RD
City-State-Zip: SAINT CLOUD FL 34772

Title OPERATIONS MANAGER
Name DENNIS, KAREN
Address 15310 PARK ROW
City-State-Zip: HOUSTON TX 77084

Title CEO
Name PATIL, SANDEEP N
Address 15310 PARK ROW
City-State-Zip: HOUSTON TX 77084

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN DENNIS

OPERATIONS MANAGER 06/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date