

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024617

Entity Name: INFRASTRUCTURE LLC

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

4666 ARMADILLO STREET
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

4666 ARMADILLO STREET
BOCA RATON, FL 33428

New Mailing Address:

4667 ARMADILLO STREET
BOCA RATON, FL 33428

FEI Number: 16-1697589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PABLO, MENDEZ
4666 ARMADILLO STREET
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

PABLO, MENDEZ
4667 ARMADILLO STREET
BOCA RATON, FL 33428 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:

03/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PABLO, MENDEZ E
Address: 4666 ARMADILLO STREET
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM () Delete
Name: MARIA, MENDEZ V
Address: 4666 ARMADILLO STREET
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PABLO, MENDEZ E
Address: 4667 ARMADILLO STREET
City-St-Zip: BOCA RATON, FL 33428

Title: MGRM (X) Change () Addition
Name: MARIA, MENDEZ V
Address: 4667 ARMADILLO STREET
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PABLO MENDEZ

MGRM

03/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date