## **2008 LIMITED LIABILITY COMPANY**

SIGNATURE: SIGNATURE AND TYPED OF

## Feb 06, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L06000110847 02-06-2008 90123 012 \*\*\*138.75 1. Entity Name INFRANET LLC Principal Place of Business Mailing Address **6838 ATHENA DRIVE 6838 ATHENA DRIVE** LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01132008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5901371 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELVIN, JAMES D Street Address (P.O. Box Number is Not Acceptable) 6838 ATHENA DRIVE LAKE WORTH, FL 33463 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE TITLE Delete ☐ Change Addition NAME MELVIN, JAMES D NAME 6838 ATHENA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE MGR Delete TITLE Change Addition MELVIN, TONYA NAME NAME STREET ADDRESS 6838 ATHENA DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

HATED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #