## 1/2000064598

(Re	questor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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March 11, 2015

TIFFANY ROTH NATIONAL CORPORATE RESEARCH, LTD. 615 S DUPONT HWY DOVER, DE 19901 US

SUBJECT: INFINITY PDS, LLC Ref. Number: L12000064598

We have received your document for INFINITY PDS, LLC and your check(s) totaling \$332.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 015A00004979

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:			
SUBJECT:Nan	ne of Limited Liability Company		
DOCUMENT NUMBER: L1200006	4598		
The enclosed Resignation of Registered for filing.	d Agent for a Limited Liability Company and fee are submitted		
Please return all correspondence concer	rning this matter to the following:		
Gina M. Corona			
Name of Person			
National Corporate Research, Ltd.			
Name of Firm/Compa	ny		
615 S. Dupont Hwy			
Address			
Dover, DE 19901			
City/State and Zip Co	de		
E-mail address: (to be used for future ann	nual report notification)		
For further information concerning this	matter, please call:		
Gina M. Corona	866 621-3524		
Name of Person	at ( Area Code ) Daytime Telephone Number		
Enclosed is a check made payable to th liability company or \$25.00 for an adm liability company.	e Florida Department of State for \$85.00 for an active limited inistratively dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provision	ns of section 605.0115, Florida Stat	utes, the undersigned,		
National Corporate	Research, Ltd.	, hereby resigns as		
	Name of Registered Agent	,	댨	Z A I
Registered Agent for	FINITY PDS, LLC		AP	ECRE
			- <del>-</del> 3	TAR
Name of Limited Liability Company		PH	구 당 어크,	
L12000064598			2: 52	S TAT
Document Nu	mber, if known			D.E.
-		nited liability company at its last kno 31st day after the date on which this		
	A. Who	esigning Agent		
If signing on behalf of a	n entity:			
	Andrew Lundgren			
	Typed or Printed N	lame		
	Vice President			
	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