

L23000084429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

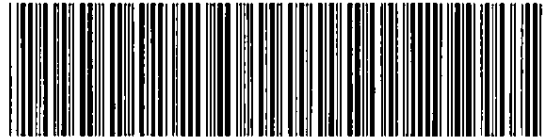
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INFINITY MEP, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MICHAEL S TUMA, ESQUIRE

(Contact Person)

INFINITY MEP, LLC

(Firm/Company)

107 W COMMERCIAL STR

(Address)

SANFORD, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL S TUMA at (386) 785-3987

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:
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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: INFINITY MEP, LLC

2. The Florida document/registration number assigned to this limited liability company is:
123000084429

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/24/2023

4. I, SUZANNE A MIX, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:
Suzanne Mix
09515E57887D4E7
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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