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SECRETARY OF STATE ALLAHASSEE, FLORIDA

12 DEC 19 PH 1:55

COVER LETTER

TO: Registration Division of C			
_{subject:} Mer	ridian Infrastı	ructure Cor	mpany, LLC
	(Name of For	eign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	d for filing.	
Please return all corre	spondence concerning this	matter to the following:	
Yvonne W	Villiams		
T VOITILE V	(Name of Person)		
	(Name of Ferson)		
Viseon Er	nergy		
	(Firm/Company)		
325 Fifth	Avenue, Suit	te 100	
	(Address)		
Indialantic	c, FL 32903		
	(City/State and Zip Cod	e)	
For further information	on concerning this matter, p	lease call:	
Yvonne V	Villiams	_{at (} 321	, 956-0099
(Na	me of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		ration Section on of Corporations sox 6327	
Enclosed is a check f	for the following amount:		
■ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(Name of limited liability company)	
Deleware	
(Jurisdiction of its organization)	
M0900001709	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrenders its
This limited liability company revokes the authority of its registered agent to accept the penalt and appoints the Department of State as its agent for service of process based action arising during the time it was authorized to transact business in Florida.	ot service on its sed on a cause
325 Fifth Avenue, Suite 100	
(Mailing address)	
Indialantic, FL 32903	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future in its mailing address.	e of any change
Signature of member or authorized representative of a member)	
Yvonne Williams	and the second
(Typed or printed name of signee)	12 DE SECSO ALLAR

Filing Fee: \$25.00