1110000003708

(Re	equestor's Name)	
(Ac	idress)	
(Ar	idress)	
(30.0007	
(Cr	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bi	isiness Entity Name)	
	ocument Number)	
(5)	occinion riginizery	
Certified Copies	Certificates o	f Status
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Special Instructions to Fili	ng Officer:	

Office Use Only



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(C)

1000 # HUNT 20/24/24 CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195	
REFERENCE	. 6	
AUTHORIZATION	Laubilenan	ر
COST LIMIT	; \$ 87.50×	r-?
ORDER DATE : 02/27/2024		
ORDER TIME :		50 N
ORDER NO. :		SE S
CUSTOMER NO:		AM IO: 06 OF STATE SEE. FL
CHANGE OF A	AGENT	
NAME: Infrasafe, LLC		
PLEASE RETURN THE FOLLOWING AS	F PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY		
CONTACT PERSON: ALEXXIS WEILA	ND-SORENSON	

EXAMINER'S INITIALS:

COVER LETTER

Infrasafe, LLC SUBJECT:	
Name of Limited Liability	v Company
DOCUMENT NUMBER: M10000003708	
The enclosed Resignation of Registered Agent for a Limite for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	he following:
RESIGNATIONS DEPARTMENT	
Name of Person	-
CORPORATION SERVICE COMPANY	182 16
Name of Firm/Company	- :
251 LITTLE FALLS DRIVE	in po
Address	
WILMINGTON, DE 19808	AMIO: 06 OF STATE SSEE, FL
City/State and Zip Code	- 'm' o
ANNUALREPORTS@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
RESIGNATION DEPT 800 at (927-9801
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the pr	ovisions of section 605.01	15, Florida Statutes, the unde	rsigned,		
CORPORATION SERVICE COMPANY Name of Registered Agent . h		hereby resions as	. hereby resigns as		
		. Thereby resigns as			
Registered Agent	for Infrasafe, LLC				
	Name of Li	mited Liability Company		•	
M10000003708					
Docus	ment Number, if known				
A copy of this res	ignation was mailed to the	above listed limited liability	company at its last known	n addres	38.
The agency is ten	ninated and the office disc	ontinued on the 31st day afte Weilard-Srenson, AV	r the date on which this st $arrho$	atemeni	t is filed
		Signature of Resigning Agent			
If signing on beha	lf of an entity:				
	BY ALEXXIS WEI	LAND-SORENSON		Ç.	
	•	Typed or Printed Name		14.4.3	
	VICE PRESIDENT		in the second se	: :	
		Capacity	 }	123	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co	ompany ed/voluntarily dissolved/ ity company	AM 10: 06	Service of the servic