

Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL Account Number : I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

		Em	wil Address:			
CEIVED	25 AM 7: 30	ALLAHASSEE. FLORIDA	LLC REGISTERED AGENT RESIGNATION INFRALINX SOCIAL INFRASTRUCTURE, LL Certificate of Status 0 Certified Copy 0		2013 OCT 25 AM 7: 45 SECRETARY OF STATE	L.L.
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10/25/2013

THE LEV DATE:

Oct. 25. 2013 3:01PM Incorporating Services, LTD.

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: INFRALINX SOCIAL INFRASTRUCTURE, LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: M11000004688

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TUNISHA SCOTT

(Name of Person)

INCORPORATING SERVICES, LTD.

(Name of Firm/Company)

3500 S DUPONT HWY

(Address)

DOVER, DELAWARE 19901 (City/State and Zip Code)

For further information concerning this matter, please call:

TUNISHA SCOTT	at (302) 531-0855
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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No. 7855 P. 3

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, hereby resigns as

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

INCORPORATING SERVICES, LTD.

(Name of Registered Agent)

Registered Agent for __INFRALINX SOCIAL INFRASTRUCTURE, LLC

(Name of Limited Liability Company)

M11000004688

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

ignature of Resigning Agent

If signing on behalf of an entity:

AMY M. BALKE

\$ 25.00

(Typed or Printed Name) ASSISTANT SECRETARY

(Capacity)

0130CT 25 AM 7: Y OF SI Active limited liability company 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 Tailahassee, FL 32314