# M 1800000/550

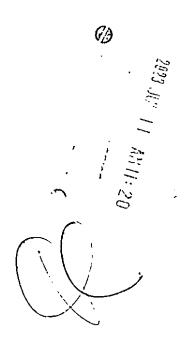
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del>ers.</del> .	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 857685 8323810					
AUTHORIZATION TO THE AUTHORIZATION					
COST LIMIT (:\\$\25.00					
COST DIMIT (. \_, \_, 23.00					
ORDER DATE : July 6, 2023					
ORDER TIME : 9:07 AM					
ORDER NO. : 857685-005					
CUSTOMER NO: 8323810					
<b>~</b> 	_				
CHANGE OF AGENT					
NAME: INFRASTRUCTURE COMPANY OF AMER ICA, LLC					
NAME: INFRASTRUCTURE COMPANY OF AMER  ICA, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Unassigned EXT#					
EXAMINER:					

## **COVER LETTER**

Infrastructure Company Of America, LLC Name of Limited Liability Company DOCUMENT NUMBER: M18000001550 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: RESIGNATIONS DEPARTMENT Name of Person CORPORATION SERVICE COMPANY Name of Firm/Company 251 LITTLE FALLS DRIVE Address WILMINGTON, DE 19808 City/State and Zip Code ANNUALREPORTS@CSCGLOBAL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RESIGNATION DEPT Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115.	Florida Statutes, the unde	rsigned.	
CORPORATION SERVICE COMPANY  Name of Registered Agent			_ , hereby resigns as	
	Name of Limite	ed Liability Company		
M18000001550				
Document Nu	mber, if known	<del></del>		
The agency is terminated	Aliens	inued on the 31st day afte  Walter Sansan, Avg  Signature of Resigning Agent	r the date on which this statement is filed	i.
If signing on behalf of an entity:  BY ALEXXIS WEILAND-SORENSON		2023 Ji		
		ND-SORENSON	 	
	Typ ASSISTANT VICE PR	ed or Printed Name ESIDENT	=	
		Capacity		
	FILING F \$ 85.00 \$ 25.00	EES: Active limited liability co Administratively dissolve withdrawn limited liabili	ත ompany ed/ voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314