

2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000085582

Entity Name: INFRASTRUCTURE SOLUTION SERVICES, LLC**Current Principal Place of Business:**7175 MURRELL ROAD
MELBOURNE, FL 32940**Current Mailing Address:**7175 MURRELL ROAD
MELBOURNE, FL 32940 US**FEI Number:** 45-5631196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ELIZABETH HARRIS

04/17/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name KULKARNI, KIRAN V
Address 7175 MURRELL ROAD
City-State-Zip: MELBOURNE FL 32940

Title AUTHORIZED REPRESENTATIVE
Name STAHL, BRIAN M
Address 7175 MURRELL ROAD
City-State-Zip: MELBOURNE FL 32940

Title AUTHORIZED MEMBER
Name GREEN COMPANIES, INC.
Address 8710 EARHART LANE SW
City-State-Zip: CEDAR RAPIDS IA 52404

Title CEO
Name POPPEN, JASON J.
Address 8710 EARHART LANE SW
City-State-Zip: CEDAR RAPIDS IA 52404

Title ASST. SECRETARY
Name WINNER, ERIN
Address 8710 EARHART LANE SW
City-State-Zip: CEDAR RAPIDS IA 52404

Title CFO
Name BLEVINS, K. CHRISTOPHER
Address 8710 EARHART LANE SW
City-State-Zip: CEDAR RAPIDS IA 52404

Title SECRETARY
Name WHITE, RICHARD L.
Address 8710 EARHART LANE SW
City-State-Zip: CEDAR RAPIDS IA 52404

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIN WINNER

ASST. SECRETARY

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date