

Division of Corporations

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M07000006738

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

LES SERVICES LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$238.75

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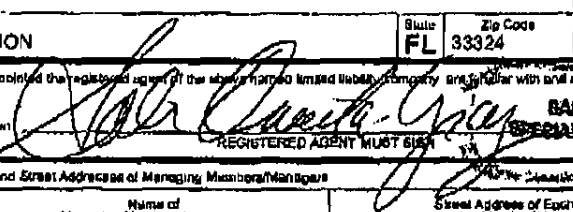
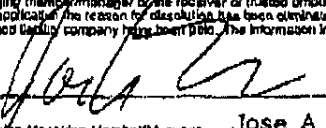
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M07000006738			
1. Limited Liability Company's Name LES SERVICES LLC			
2. Principal Office Address - No P.O. Box # C/O ENERGY INVESTORS FUNDS Suite, Apt. #, etc. 83 KENDRICK STREET City & State NEEDHAM, MA Zip 02484		3. Mailing Office Address C/O ENERGY INVESTORS FUNDS Suite, Apt. #, etc. 83 KENDRICK STREET City & State NEEDHAM, MA Zip 02484	
		4. State/Country of Formation DELAWARE	
		5. Date Organized or Qualified To Do Business in Florida 11/15/2007	
		6. FEI Number 26-1665047	
		7. CERTIFICATE OF STATUS REQUIRED ☐ \$500 Annual Fee Required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION			
		State FL	
		Zip Code 33324	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of a registered agent. Signature of Registered Agent  BALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY 10/2/08			
10. Name and Street Address of Managing Member/Managers			
Typed	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TORRES-MONLLOR, JOSE A	591 Redwood Highway, Suite 3100	MILL VALLEY, CA 94941
MGR	TOME0, EDWARD W	2420 Camino Ramon, Suite 101	SAN RAMON, CA 94583
11. I certify that I am managing member/manager of the receiver or trustee authorized to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. Signature of Managing Member/Manager  Date 10/01/2008 Daytime Phone # 415-380-0520 Typed or printed name of signing Managing Member/Manager Jose A Torres-Monllor			

0R2E041 (10/08)