M08000006738

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000231255 3)))

H08000231255 3ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
08 OCT -7 AM 9:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY REINSTATEMENT

LES SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

RECEIVED
08 OCT -7 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

G. MCLEOD
OCT - 8 2008
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -7 AM 9:48

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

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
C/O ENERGY INVESTORS FUNDS		C/O ENERGY INVESTORS FUNDS	
Suite, Apt # etc		Suite, Apt. #, etc.	
63 KENDRICK STREET		63 KENDRICK STREET	
City & State		City & State	
NEEDHAM, MA		NEEDHAM, MA	
Zip: 02494	Country: USA	Zip:	Country:

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 11/15/2007

6. FEI Number: 26-1665047 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T 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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I being appointed the registered agent of the above named limited liability company and familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY 10/2/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/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	TOMEO, EDWARD W	2420 Camino Ramon, Suite 101	SAN RAMON, CA 94583

11. I certify that I am managing member/manager or the receiver or trustee empowered 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: [signature] Date: 10/01/2008 Daytime Phone #: 415-380-0520

Typed or printed name of signing Managing Member/Manager: Jose A Torres-Monllor