

Florida Department of State  
Division of Corporations  
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.

((H10000252609 3)))



H100002526093ABCZ

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

To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 11/8/10

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
GES - PORT CHARLOTTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

10 NOV 14 PM 8:02

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

NOV 23 2010

11/22/2010

EXAMINER

850-617-6381

11/22/2010 0:08:04 AM PAGE 1/1



November 22, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GES - PORT CHARLOTTE, LLC  
814 ALA NORTH, SUITE 308  
PONTE VEDRA BEACH, FL 32082

SUBJECT: GES - PORT CHARLOTTE, LLC  
REF: M10000003315

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

FAX Aud. #: H10000251191  
Letter Number: 510A00027297

RECEIVED  
10 NOV 22 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GES-Port Charlotte, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Dupont  
Name of Person

GES-Port Charlotte, LLC  
Firm/Company

16810 Kenton Drive, Suite 240  
Address

Huntersville, North Carolina 28078  
City/State and Zip Code

edupont@lime-energy.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Dupont at ( 704 ) 892-4442  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: GES - PORT CHARLOTTE, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

16810 Kenton Drive, Suite 240  
Huntersville, North Carolina 28078

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

16810 Kenton Drive, Suite 240  
Huntersville, North Carolina 28078

07/27/2010

3. Date of filing/registration in Florida

M10000003315

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Miam Howard Nicandri Dees & Gilliam, P.A.

Registered Office Address:

14 EAST BAY STREET  
JACKSONVILLE FL 32202

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

C T Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

**(MUST BE FLORIDA STREET ADDRESS)**

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

By: Lime Energy Asset Development, LLC

By: \_\_\_\_\_

Signature of a member or authorized representative of a member

Eric Dupont

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

C T Corporation System

By: \_\_\_\_\_

Signature of Registered Agent

James M. Halpin

Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INH918 (05/08)

FLD-15 - 05/07/2009 C T System Online

10 NOV 19 PM 8:02

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS