

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
LSOP 3C IV, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

NOV 09 2015

R. HUNT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

15 NOV -9 PM 10:00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13000008036

1. Limited Liability Company's Name
LSOP 3C IV, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
2 Post Road W

Suite, Apt. #, etc.

City & State
Westport, CT

Zip
06880

Country
USA

3. Mailing Office Address
2 Post Road W

Suite, Apt. #, etc.

City & State
Westport, CT

Zip
06880

Country
USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
46-4264553

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

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 Chapter 605, F.S.

Signature of
Registered Agent

Connie Bryan

Connie Bryan

Date 11/9/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Barry P. Marcus	2 Post Road West	Westport, CT 06880

NOV 09 2015

R HUNT

REINSTATEMENT

11. E-mail Address: Marcusb@greenfieldpartners.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Barry P. Marcus

Date 11-6-15

Daytime Phone # 203-354-5022

Typed or printed name of signing Authorized Representative/Manager Barry P. Marcus