

M15 0000 10320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Additional Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong Form

M15-10320

Office Use Only



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11/23/22--01002--004 \*\*75.00

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2022 NOV 28 PM 3:51

2022 DEC -1 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FL

g 12/1/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EAGLE LNG PARTNERS LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FARWA MOHSIN

\_\_\_\_\_  
Name of Person

EAGLE LNG PARTNERS LLC

\_\_\_\_\_  
Firm/Company

2445 TECHNOLOGY FOREST BLVD, SUITE 500

\_\_\_\_\_  
Address

THE WOODLANDS, TEXAS 77381

\_\_\_\_\_  
City/State and Zip Code

LEGAL@EAGLELNG.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FARWA MOHSIN

at ( 832 ) 7090750

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

CR2E055 (9/15)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2022

FARWA MOHSIN  
EAGLE LNG PARTNERS  
2445 TECHNOLOGY FOREST BLVD., STE 500  
THE WOODLANDS, TX 77381

SUBJECT: EAGLE LNG PARTNERS LLC  
Ref. Number: M15000010320

We have received your document for EAGLE LNG PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 422A00026179

2022 DEC - 1 PM 4:21

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**FILED**

2022 DEC -1 PM 4:42

**SECTION I (1-4 must be completed)**

SECRETARY OF STATE  
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: EAGLE LNG PARTNERS LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000010320

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 12/28/2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida**

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 605, 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SEAN LALANI	2445 Technology Forest Blvd, Suite 500	<input checked="" type="checkbox"/> Add
		The Woodlands, Texas 77381	<input type="checkbox"/> Remove
MGRM	TIMOTHY ROBERTSON	16236 Normandy Blvd	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32234	<input type="checkbox"/> Remove
MGR	FARWA MOHSIN	2445 Technology Forest Blvd, Suite 500	<input checked="" type="checkbox"/> Add
		The Woodlands, Texas 77381	<input type="checkbox"/> Remove
MGR	FILIPE PINTO	2445 Technology Forest Blvd, Suite 500	<input checked="" type="checkbox"/> Add
		The Woodlands, Texas 77381	<input type="checkbox"/> Remove
MGRM	GUS LU and RICK MILLER	2445 Technology Forest Blvd, Suite 500	<input type="checkbox"/> Add
		The Woodlands, Texas 77381	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Sean Lalani

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

PAGE 1

*The First State*

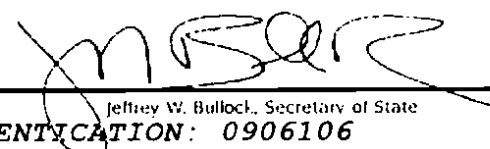
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "EAGLE LNG PARTNERS LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2013, AT 6:37 O'CLOCK P.M.

5399891 8100

131316577

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0906106

DATE: 11-18-13


State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:37 PM 11/15/2013  
FILED 06:37 PM 11/15/2013  
SRV 131316577 - 5399891 FILE

**STATE of DELAWARE LIMITED  
LIABILITY COMPANY  
CERTIFICATE of FORMATION**

**First:** The name of the limited liability company is **Eagle LNG Partners, LLC.**

**Second:** The address of its registered office in the State of Delaware is **1675 S State St., Ste B** in the City of **Dover**. Zip Code **19901**. The name of its Registered Agent at such address is **Capital Services, Inc.**

In Witness Whereof, the undersigned have executed this Certificate of Formation this 15<sup>th</sup> day of November, 2013.

By:   
Authorized Person (s)

Name: Catherine Woodbridge

**STATE OF DELAWARE  
APPLICATION FOR TRANSFER OF  
LIMITED LIABILITY COMPANY NAME  
PURSUANT TO TITLE 6, SECTION 18-103  
OF THE DELAWARE CODE**

**TO THE SECRETARY OF STATE  
OF THE STATE OF DELAWARE:**

1. NAME AND ADDRESS OF APPLICANT:

Sanjay Bishnoi  
333 Clay Street, suite 4550  
Houston, Texas 77005

2. WE RESERVED THE FOLLOWING LIMITED LIABILITY NAME FOR  
A PERIOD OF 120 DAYS:

Eagle LNG Partners, LLC

3. PLEASE HAVE THE RESERVATION TRANSFERRED TO:  
The Corporation Trust Company

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

Signature of Applicant

Name: \_\_\_\_\_

Sanjay Bishnoi

Print or Type