

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000002817

**FILED**  
**Jun 01, 2016**  
**Secretary of State**  
**CC0377519546**

**Entity Name:** ESA RENEWABLES LLC

**Current Principal Place of Business:**

4155 ST. JOHNS PKWY  
STE 1100  
SANFORD, FL 32271

**Current Mailing Address:**

4155 ST. JOHNS PKWY  
STE 1100  
SANFORD, FL 32271 US

**FEI Number:** 27-1656803

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ESA USA CORP.  
Address 121 SOUTH ORANGE AVE., STE. 1500,  
NO. TWR.  
City-State-Zip: ORLANDO FL 32801

Title MGRM  
Name ROS, DANIEL  
Address 4155 SAINT JOHNS PARKWAY STE  
1100  
City-State-Zip: SANFORD FL 32771

Title MGR  
Name HEROLD, LINDSEY  
Address 4155 SAINT JOHNS PARKWAY STE  
1100  
City-State-Zip: SANFORD FL 32771

Title MGR  
Name LATRE, JAVIER  
Address 4155 SAINT JOHNS PARKWAY STE  
1100  
City-State-Zip: SANFORD FL 32771

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDSAY HEROLD

**COO**

**06/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date