

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000115163

**Entity Name:** ENTRETOT LLC

**Current Principal Place of Business:**

1805 PONCE DE LEON BLVD  
501  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1805 PONCE DE LEON BLVD.  
501  
CORAL GABLES, FL 33134 US

**FEI Number:** 32-0445151

**Certificate of Status Desired:** No

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

AMITIE USA CORP  
1805 PONCE DE LEON BLVD  
501  
CORAL GABLES, FL 33134 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 MGR  
Name HUIDOBRO, NATALIA I  
Address PARAGUAY 5111. FL 2. SUITE B  
City-State-Zip: CDAD AUTONOMA DE BS AS BA  
1425

Title MANAGER  
Name LOZANO, NADIA  
Address ANGEL J CARRANZA 913  
City-State-Zip: CIUDAD AUTONOMA DE BS AS  
BUENOS AIRES 1414

*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:** NATALIA HUIDOBRO

MANAGER

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date