

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000003552

Entity Name: ENSENDA LLC**Current Principal Place of Business:**5429 LBJ FREEWAY
SUITE 900
DALLAS, TX 75240**Current Mailing Address:**5429 LBJ FREEWAY
SUITE 900
DALLAS, TX 75240 US**FEI Number:** 46-5602140**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name LEVERIDGE, SCOTT
Address 5429 LBJ FREEWAY
SUITE 900
City-State-Zip: DALLAS TX 75240

Title MANAGER
Name LANGLOIS, JOSIANE-MELANIE
Address 5429 LBJ FREEWAY
SUITE 900
City-State-Zip: DALLAS TX 75240

Title MANAGER
Name BEDARD, ALAIN
Address 5429 LBJ FREEWAY
SUITE 900
City-State-Zip: DALLAS TX 75240

Title MANAGER
Name WATTERSON, RUSSELL N JR.
Address 5429 LBJ FREEWAY
SUITE 900
City-State-Zip: DALLAS TX 75240

Title MANAGER
Name OLOTON, DORIS
Address 5429 LBJ FREEWAY
SUITE 900
City-State-Zip: DALLAS TX 75240

Title MANAGER
Name SINGLETON, KIMBERLY
Address 5429 LBJ FREEWAY
SUITE 900
City-State-Zip: DALLAS TX 75240

Title MANAGER
Name MILLER, CHRIS
Address 5429 LBJ FREEWAY
SUITE 900
City-State-Zip: DALLAS TX 75240

Title MANAGER
Name QUESNEL, MARTIN
Address 5429 LBJ FREEWAY
SUITE 900
City-State-Zip: DALLAS TX 75240

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: KIMBERLY SINGLETON

MANAGER

03/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date