200	1 UNIFORM BUS	NESS REPO	RT (UBR	<u>()</u>			
DOCUMENT # L00000011231 1. Entity Name							
ENTRE	EPA, LLC			FI	LED		
		The same same same and the same same	en sweets of	na not	-5 PH 12 17	مح يتابهن	•
,	ce of Business	Mailing Address			•		
848 BRICKEL MIAMI FL 33	LL AVE. SUITE 920 131	848 BRICKELL AVE. SUITI MIAMI FL 33131	E 920		RY of State Ssee, F lorida		,
2 Dinainal C	Diagonal Divisions					II))	
848 BRICKELL AVENUE 849		3. Mailing Address 848 BRICK	848 BRICKELL AVENUE			1 11/ 11 /1/ 11/10 / 1/ 10/10 1/ 10	.
Suite, Apt. #, etc. SUITE 600		Suite, Apt. #, etc. SUITE 600			DO NOT WR	ITE IN THIS SPACE	,
City & State MIAM , FL		City & State		4. FEI	Number	<u> </u>	pplied For
Zip	Country	MIAMI, F	Country			\$5.00 4	lot Applicable
33/3	6. Name and Address of Current I	33/31	USA		tificate of Status Desired	Fee Require	
	S. Harrie Blid Addless of Califolit	Name			Registered Agent		
INTRASTATE REGISTERED AGENT CORPORATION 848 BRICKELL AVE. SUITE 920 MIAMI FL 33131				ENTREPA, L1C Street Address (P.O. Box Number is Not Acceptable)			
				444 2	4		
			City	798 BI	RICKELL AVE	FL Zip Coo	20 de
8. The above named entity submits this statement for the purpose of changing its registered office or registered					<u></u>		131
	1 -5/1/Ma						
SIGNATURE	Signature, typed or printed name of registered agent a	NOTE of applicable.	. H. MARTEL. Registered Agent signature	required when rainsta	eman)	6-28-01 DATE	
FILE NOW!!! FEE IS \$50.00							
			yable to Departm September 26, 2				
9.	MANAGING MEMBER		10.		<u> </u>	50.00 ***** //CHANGES	<u> </u>
TITLE	PRECIDENT		TITLE		NODITION.	☐ Change	Addition
NAME STREET ADDRESS	TVAN L. H. MARTELL 848 BRICKELL AVE	, STE 600	NAME STREET ADORESS				
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP				ľ
TITLE	VICE PRESIDENT KYLE H. MARTELL	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	SHE BRICKELL AVE.	STE, 600	NAME _ Street address				
CITY-ST-ZIP	Migmi, FL 33131		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	2, E 12 14 14 14 24 14 1		NAME STREET ADDRESS				}
CITY-ST-ZIP		···	CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE A		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME Street Address				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.							
SIGNATURE: SIGNATURE AND TYPED OR WANTED NAME OF SIGNING MANAGEN, MANAGEN, OR AUTHORIZED REPRESENTATIVE Date Dete Desprime Phone #							