

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 035 \*\*\*\*50.00

DOCUMENT # L0000015583

1. Entity Name

ENTRENEERING I, L.L.C. ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Home P.O. Box 50

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 50

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

EARLETON, FL

Zip

Country

City & State

FL, Earleton

Zip

Country

32631

Polk

4. FEI Number

59-3687959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES H. RUSS

Street Address (P.O. Box Number is Not Acceptable)

20931 114th Ave

City

Earleton

FL

Zip Code

32631

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*James H. Russ*

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: OWNER MGR  
NAME: JAMES H. RUSS  
STREET ADDRESS: 20931 114th Ave  
CITY-ST-ZIP: Earleton, FL 32631

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IN THIS SPACE**

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:

*James H. Russ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

5-1-03

Daytime Phone #

CEU 352-312-6112

352-468-3919

CR2E083B (12/02)