


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90021 028 ****50.00

DOCUMENT # L03000015530 1. Entity Name ENTERRA U.S., L.L.C.	
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Principal Place of Business 12421 N. FLORIDA AVENUE #B134 TAMPA, FL 33612	Mailing Address 12421 N. FLORIDA AVENUE #B134 TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
98-0398056

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent PINA, OLGA M 501 E. KENNEDY AVENUE, SUITE 1700 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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.

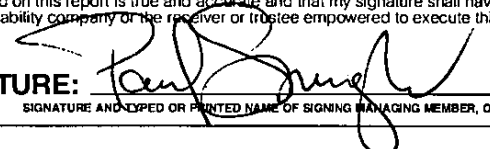
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAROSTENKOV, DMITRY CEO 12421 N FLORIDA AVE. B134 TAMPA, FL 33612
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:  **PAUL Swengle** **COO** **1-4-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

813-514-0531