

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013726

Entity Name: ENTA INVESTMENTS LLC**Current Principal Place of Business:**1330 SOUTH FORT HARRISON AVE.
CLEARWATER, FL 33756**Current Mailing Address:**1330 SOUTH FORT HARRISON AVE.
CLEARWATER, FL 33756**FEI Number:** 74-3087955**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MERCHANT, FAISAL DR.
3190 MCMULLEN BOOTH ROAD
SUITE 100
CLEARWATER, FL 33761 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:** FAISAL MERCHANT

02/15/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ALIDINA, ARIF A MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name BARNA, JAMES S MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name COHEN, LANCE M MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name MILLER, MITCHELL B MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name STEINIGER, JOSEPH R MD
Address 1330 SOUTH FORT HARRISON AVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name MULLER, CHRISTOPHER D MD
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name MORGAN, JONATHAN M MD
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name HOOD, DAVID C MD
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

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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: ANDREW MALLON MD

MANAGING PARTNER

02/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name MERCHANT, FAISAL
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name GREENE, SCOTT DR.
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name PATE, MARIAH DR.
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MALLON, ANDREW DR.
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name CLAVENNA, MATTHEW DR.
Address 1330 SOUTH FORT HARRISON AVE.
City-State-Zip: CLEARWATER FL 33756