

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096327

FILED
Jan 25, 2022
Secretary of State
3102395891CC

Entity Name: ENTA INVESTMENTS II LLC

Current Principal Place of Business:

1330 SOUTH FORT HARRISON AVENUE
CLEARWATER, FL 33756

Current Mailing Address:

1330 SOUTH FORT HARRISON AVENUE
CLEARWATER, FL 33756

FEI Number: 20-5664657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALLON, ANDREW 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: ANDREW MALLON MD

01/25/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BARNA, JAMES S MD	Name	MILLER, MITCHELL B MD
Address	1330 SOUTH FORT HARRISON AVE	Address	1330 SOUTH FORT HARRISON AVE
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756
Title	MGR	Title	MGR
Name	MULLER, CHRISTOPHER D MD	Name	MORGAN, JONATHAN M MD
Address	1330 SOUTH FORT HARRISON AVENUE	Address	1330 SOUTH FORT HARRISON AVENUE
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756
Title	MGR	Title	MANAGER
Name	HOOD, DAVID C MD	Name	MERCHANT, FAISAL
Address	1330 SOUTH FORT HARRISON AVENUE	Address	1330 SOUTH FORT HARRISON AVENUE
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756
Title	MANAGER	Title	MANAGER
Name	MALLON, ANDREW DR.	Name	GREENE, SCOTT
Address	1330 SOUTH FORT HARRISON AVENUE	Address	1330 SOUTH FORT HARRISON AVENUE
City-State-Zip:	CLEARWATER FL 33756	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

01/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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