

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000087143

**Entity Name:** ENTA TRINITY LLC

**Current Principal Place of Business:**

1330 SOUTH FORT HARRISON  
CLEARWATER, FL 33756

**Current Mailing Address:**

1330 SOUTH FORT HARRISON  
CLEARWATER, FL 33756 US

**FEI Number:** 45-5632073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MALLON, ANDREW DR.  
1330 SOUTH FORT HARRISON  
CLEARWATER, FL 33756 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 MGRM  
Name MILLER, MITCHELL B  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MGRM  
Name BARNA, JAMES  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MANAGER  
Name HOOD, DAVID  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MANAGER  
Name MULLER, CHRISTOPHER  
Address 1330 SOUTH FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

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

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

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

Title MANAGER  
Name CLAVENNA, MATTHEW DR.  
Address 1330 SOUTH FORT HARRISON  
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           PATE, MARIAH DR.

Address        1330 SOUTH FORT HARRISON

City-State-Zip: CLEARWATER FL 33756