

2018 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:**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

01/24/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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 MGRM
Name STEINIGER, JOSEPH
Address 1330 SOUTH FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MGRM
Name ALIDINA, ARIF A
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

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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: FAISAL MERCHANT

MANAGING PARTNER

01/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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