

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000087143

**Entity Name:** ENTA TRINITY LLC

**Current Principal Place of Business:**

2515 COUNTRYSIDE BLVD.  
SUITE E  
CLEARWATER, FL 33763

**Current Mailing Address:**

2430 ESTANCIA BLVD.  
SUITE 114  
CLEARWATER, FL 33761 US

**FEI Number:** 45-5632073

**Certificate of Status Desired:** No

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

TRUSTEE AND CORPORATE SERVICES, INC.  
2430 ESTANCIA BLVD  
SUITE 114  
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:** JEFFREY C. STEINERT, VICE PRESIDENT

02/09/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COHEN, LANCE M  
Address 2515 COUNTRYSIDE BLVD., SUITE E  
City-State-Zip: CLEARWATER FL 33763

Title MGRM  
Name MILLER, MITCHELL B  
Address 2515 COUNTRYSIDE BLVD., SUITE E  
City-State-Zip: CLEARWATER FL 33763

Title MGRM  
Name BARNA, JAMES  
Address 2515 COUNTRYSIDE BLVD., SUITE E  
City-State-Zip: CLEARWATER FL 33763

Title MGRM  
Name STEINIGER, JOSEPH  
Address 2515 COUNTRYSIDE BLVD., SUITE E  
City-State-Zip: CLEARWATER FL 33763

Title MGRM  
Name ALIDINA, ARIF A  
Address 2515 COUNTRYSIDE BLVD., SUITE E  
City-State-Zip: CLEARWATER FL 33763

Title MGRM  
Name ANTHONY, STEVEN L  
Address 2515 COUNTRYSIDE BLVD., SUITE E  
City-State-Zip: CLEARWATER FL 33763

*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:** LANCE M. COHEN

MANAGER

02/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date