

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 MANAGER
Name HOOD, DAVID
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 GREENE, SCOTT
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 MULLER, CHRISTOPHER
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 CLAVENNA, MATTHEW DR.
Address 1330 SOUTH FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Continues on page 2

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