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

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			03/15/2024
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	MGRM	Title	MANAGER	
Name	MILLER, MITCHELL B	Name	HOOD, DAVID	
Address	1330 SOUTH FORT HARRISON	Address	1330 SOUTH FORT HARRISON	1
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756	
Title	MANAGER	Title	MANAGER	
Name	MULLER, CHRISTOPHER	Name	MERCHANT, FAISAL	
Address	1330 SOUTH FORT HARRISON	Address	1330 SOUTH FORT HARRISON	
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	Address	1330 SOUTH FORT HARRISON	
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756	
Title	MANAGER	Title	MANAGER	
Name	CLAVENNA, MATTHEW DR.	Name	DONNELLY, KEVIN	
Address	1330 SOUTH FORT HARRISON	Address	1330 SOUTH FORT HARRISON	1
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

MANAGING PARTNER 03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 15, 2024 Secretary of State 4864363278CC

Certificate of Status Desired: No

Date

Authorized Person(s) Detail Continued :

Title	MANAGER	Title	MANAGER
Name	RESCHLY, WILLIAM	Name	PARASHER, SHRUTHI
Address	1330 SOUTH FORT HARRISON	Address	1330 SOUTH FORT HARRISON
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33756