

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 15, 2019  
Secretary of State  
4003137551CC**

DOCUMENT# L17000129864

**Entity Name:** ENTA WESTCHASE LLC

**Current Principal Place of Business:**

1330 SOUTH FORT HARRISON AVE.  
CLEARWATER, FL 33756

**Current Mailing Address:**

1330 SOUTH FORT HARRISON AVE.  
CLEARWATER, FL 33756

**FEI Number:** 82-1955032

**Certificate of Status Desired:** No

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

MERCHANT, FAISAL MD  
3190 MCMULLEN BOOTH ROAD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALIDINA, ARIF  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

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

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

Title MGR  
Name HOOD, DAVID  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name MILLER, MITCHELL  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name MORGAN, JONATHAN  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33756

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

Title MANAGER  
Name STEINIGER, JOSEPH DR.  
Address 1330 SOUTH FORT HARRISON AVE.  
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:** FAISAL MERCHANT

**MANAGER**

**02/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

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

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

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