

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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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 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