

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000194663

Entity Name: ENTA ST. PETE LLC

Current Principal Place of Business:

1330 SOUTH FORT HARRISON
CLEARWATER, FL 33756

Current Mailing Address:

1330 SOUTH FORT HARRISON
CLEARWATER, FL 33756

FEI Number: 84-2571103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALLON, ANDREW DR.
1330 SOUTH FORT HARRISON
CLEARWATER, FL 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

03/17/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title MGR
Name MILLER, MITCHELL
Address 1330 SOUTH 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 MANAGER
Name CLAVENNA, MATTHEW DR.
Address 1330 SOUTH FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name HOOD, DAVID DR.
Address 1330 SOUTH FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MORGAN, JONATHAN DR.
Address 1330 SOUTH FORT HARRISON
City-State-Zip: CLEARWATER FL 33756

Title MANAGER
Name MERCHANT, FAISAL DR.
Address 1330 SOUTH FORT HARRISON
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

PARTNER

03/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER

Name MULLER, CHRISTOPHER DR.

Address 1330 SOUTH FORT HARRISON

City-State-Zip: CLEARWATER FL 33756