

**2024 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

03/15/2024

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

**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

MANAGING PARTNER

03/15/2024

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      |