

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000083861

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC1698217012**

**Entity Name:** ENTA PASCO LLC

**Current Principal Place of Business:**

1330 S. FORT HARRISON  
CLEARWATER, FL 33765

**Current Mailing Address:**

2430 ESTANCIA BOULEVARD, SUITE 114  
CLEARWATER, FL 33761

**FEI Number:** 26-0722493

**Certificate of Status Desired:** No

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

TRUSTEE AND CORPORATE SERVICES, INC.  
2430 ESTANCIA BOULEVARD, SUITE 114  
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:** JEFFREY C. STEINERT, VICE PRESIDENT

03/15/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COHEN, LANCE M  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33765

Title MGRM  
Name MILLER, MITCHELL B  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33765

Title MGRM  
Name BARNA, JAMES  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33765

Title MGRM  
Name STEINIGER, JOSEPH  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33765

Title MGRM  
Name ALIDINA, ARIF A  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33765

Title MGRM  
Name ANTHONY, STEVEN L  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33765

Title MGMR  
Name MULLER, CHRISTOPHER  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33765

Title MGMR  
Name MORGAN, JONATHAN  
Address 1330 S. FORT HARRISON  
City-State-Zip: CLEARWATER FL 33765

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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:** LANCE M. COHEN

**MANAGER**

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

Title MGMR

Name HOOD, DAVID

Address 1330 S. FORT HARRISON

City-State-Zip: CLEARWATER FL 33765