

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000155824

**Entity Name:** TIDE, LLC

**Current Principal Place of Business:**

16780 OLD STATE RD 4A  
SUGARLOAF KEY, FL 33042

**Current Mailing Address:**

16780 OLD STATE RD 4A  
SUGARLOAF KEY, FL 33042

**FEI Number:** 47-2009617

**Certificate of Status Desired:** Yes

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

ALLISON, JOHN R III  
1010 KENNEDY DRIVE  
302  
KEY WEST, FL 33040 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	Title	SECRETARY
Name	HEDRICK, NEIL	Name	WARREN, PATRICIA A
Address	16780 OLD STATE RD. 4A	Address	P O BOX 22
City-State-Zip:	SUGARLOAF KEY FL 33042	City-State-Zip:	BLOSSBURG PA 16912

*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:** PATRICIA A WARREN

**SECRETARY**

**02/13/2019**

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

\_\_\_\_\_  
Date