

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000170315

**Entity Name:** TIERRA VERDE ESCAPE LLC**Current Principal Place of Business:**419 7TH AVE N  
TIERRA VERDE, FL 33715**Current Mailing Address:**419 7TH AVE N  
TIERRA VERDE, FL 33715 US**FEI Number:** 42-2224996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWN TIME VENTURES LLC  
419 7TH AVE N  
TIERRA VERDE, FL 33715 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 DOWN TIME VENTURES LLC  
Address 419 7TH AVE N  
City-State-Zip: TIERRA VERDE FL 33715

Title AUTHORIZED MEMBER  
Name FERNANDEZ, PETER  
Address 11702 WESSON CIR  
City-State-Zip: TAMPA FL 33618

Title AUTHORIZED MEMBER  
Name NIKA CORPORATE HOUSING LLC  
Address 6402 S DALE MABRY HWY  
City-State-Zip: TAMPA FL 33611

Title AUTHORIZED MEMBER  
Name PRESTON ENTERPRISES LLC  
Address 7921 BOGIE AVE N  
City-State-Zip: ST. PETERSBURG FL 33710

Title AUTHORIZED MEMBER  
Name DEBRY, BENOIT  
Address 145 MAHAFFEY DR  
City-State-Zip: RICHMOND HILL GA 31324

Title AUTHORIZED MEMBER  
Name TOP LINE CONSULTING LLC  
Address 5851 PARKSET DR  
City-State-Zip: LITHIA FL 33547

Title AUTHORIZED MEMBER  
Name SWEIGART, DONALD  
Address 2881 E VINA DEL MAR AVE  
City-State-Zip: ST. PETE BEACH FL 33706

*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: PATRICK BOWLER****MANAGER****02/06/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date