

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000094765

Entity Name: ESCAPE ROOM ADVENTURES LLC**Current Principal Place of Business:**12995 S. CLEVELAND AVE
SUITE 217
FT MYERS, FL 33907**Current Mailing Address:**731 LOGAN BLVD S.
NAPLES, FL 34119 US**FEI Number:** 47-4155735**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHLASINGER, ZEV
731 LOGAN BLVD S.
NAPLES, FL 34119 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	MGR
Name	SHLASINGER, ZEV	Name	YOUNG, JOSH
Address	731 LOGAN BLVD S.	Address	7549 RIPPLEPOINTE WAY
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	WINDERMERE FL 34786
Title	MGR	Title	MGR
Name	BUONOCORE, STEPHEN	Name	DIORENZO, FRANK
Address	7964 EMERALD WINDS CIRCLE	Address	3903 W. EL PRADO BLVD
City-State-Zip:	BOYNTON BEACH FL 33473	City-State-Zip:	TAMPA FL 33629

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: FRANK DIORENZO**MANAGER****04/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date