

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000035738

**Entity Name:** TIERRA HEALTHCARE CONCEPTS, LLC

**Current Principal Place of Business:**

4723 W. ATLANTIC AVE.  
STE. 11  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

3765 SW KISTLER ST.  
PORT ST. LUCIE, FL 34953

**FEI Number:** 81-5401214

**Certificate of Status Desired:** No

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

ROMAN, SONNY  
3765 SW KISTLER ST.  
PORT ST. LUCIE, FL 34953 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 CEO  
Name ROMAN, SONNY  
Address 3765 SW KISTLER ST.  
City-State-Zip: PORT ST. LUCIE FL 34953

*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:** SONNY ROMAN

CEO

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date