

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000084983

Entity Name: COWORK HIVE LLC

Current Principal Place of Business:

5900 PAN AMERICAN BLVD
UNIT 201
NORTH PORT, FL 34287

Current Mailing Address:

5900 PAN AMERICAN BLVD
UNIT 201
NORTH PORT, FL 34287 US

FEI Number: 47-1255077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVID , MCCARRON
5900 PAN AMERICAN BLVD
UNIT 201
NORTH PORT, FL 34287 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: DAVID MCCARRON

05/01/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MCCARRON, DAVID
Address 781 BUCKSKIN COURT
City-State-Zip: ENGLEWOOD FL 34223

Title AMBR
Name LOBANOVSKIY, EDUARD
Address 7041 ELYTON DR.
City-State-Zip: NORTH PORT FL 34287

Title AMBR
Name KORZHUK, ANTON
Address 4341 MARALDO AVE.
City-State-Zip: NORTH PORT FL 34287

Title AMBR
Name KOVALEV, DAVID
Address 3176 EAGLE PASS ST
City-State-Zip: NORTH PORT FL 34286

Title AMBR
Name HEINIS, E. SCOTT
Address 3007 PELLAM BLVD
City-State-Zip: PORT CHARLOTTE FL 33948

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: DAVID MCCARRON

MANAGING PARTNER

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date