## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000130862

Entity Name: ATTRIVE LLC

**Current Principal Place of Business:** 

5919 N. OLA AVE **TAMPA, FL 33604** 

## **Current Mailing Address:**

5919 N. OLA AVE TAMPA FL 33604 US

FEI Number: 85-1042086 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SCHOETTLER, ANDREW C. 5919 N. OLA AVE TAMPA, FL 33604 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

**FILED** Jan 16, 2024

**Secretary of State** 

6790662211CC

## Authorized Person(s) Detail:

Title MGR

Name SCHOETTLER, ANDREW

Address 5919 N. OLA AVE City-State-Zip: TAMPA FL 33604

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: ANDREW C. SCHOETTLER

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

01/16/2024