

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000319161

**Entity Name:** LIVV DISTRIBUTION LLC

**Current Principal Place of Business:**

5475 115TH AVENUE NORTH  
CLEARWATER, FL 33760

**Current Mailing Address:**

5475 115TH AVENUE NORTH  
CLEARWATER, FL 33760

**FEI Number: 87-1700461**

**Certificate of Status Desired: No**

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

LIVE WATERSPORTS  
5475 115TH AVE N  
CLEARWATER, FL 33760 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 AMBR  
Name ANDERSON, DAVID  
Address 5475 115TH AVENUE NORTH  
City-State-Zip: CLEARWATER FL 33760

Title AMBR  
Name CLECKNER, JOHN  
Address 5475 115TH AVENUE NORTH  
City-State-Zip: CLEARWATER FL 33760

Title AMBR  
Name WEINSTEIN, JASON  
Address 5475 115TH AVENUE NORTH  
City-State-Zip: CLEARWATER FL 33760

Title AMBR  
Name JONES, LANCE  
Address 5475 115TH AVENUE NORTH  
City-State-Zip: CLEARWATER FL 33760

*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: JOHN CLECKNER**

**MANAGING MEMBER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date