

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000441042

**Entity Name:** LIVVEN LLC

**Current Principal Place of Business:**

107 W. VIRGINIA AVE  
TAMPA, FL 33603

**Current Mailing Address:**

107 W. VIRGINIA AVE  
TAMPA, FL 33603 US

**FEI Number:** 87-3974924

**Certificate of Status Desired:** No

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

HEINOLD, THOMAS  
107 W. VIRGINIA AVE  
TAMPA, FL 33603 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            HEINOLD, THOMAS  
Address        107 W. VIRGINIA AVE  
City-State-Zip: TAMPA FL 33603

*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:** THOMAS HEINOLD

**MEMBER**

**03/14/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date