## 2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000172406

Entity Name: HIVE OUTDOOR LIVING LLC

**Current Principal Place of Business:** 

311 SOUTH WILLOW AVE. SUITE #2

TAMPA, FL 33606

**Current Mailing Address:** 

311 SOUTH WILLOW AVE.

SUITE #2

TAMPA, FL 33606 US

FEI Number: 46-4299798 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOSTER, ROBERT F 14111 LAKE MAGDALENE BLVD TAMPA, FL 33618 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.

Title

**MGRM** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Aug 15, 2018

**Secretary of State** 

CC2624706458

Authorized Person(s) Detail:

Title **MGRM** 

KELVER , BENJAMIN FOSTER, ROBERT F Name Name

311 SOUTH WILLOW AVE. 311 SOUTH WILLOW AVE. Address Address

> SUITE #2 SUITE #2

TAMPA FL 33606 TAMPA FL 33606 City-State-Zip: City-State-Zip:

Title **MGRM** 

PAYNE, ALAN KEITH JR. Name 311 SOUTH WILLOW AVE. Address

SUITE #2

TAMPA FL 33606 City-State-Zip:

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.

08/15/2018 SIGNATURE: ROBERT FOSTER **MGRM**