# SIGNATURE: ROBERT F FOSTER

Electronic Signature of Signing Authorized Person(s) Detail

## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000172406

Entity Name: HIVE OUTDOOR LIVING LLC

## Current Principal Place of Business:

311 SOUTH WILLOW DR.

TAMPA, FL 33606

#### **Current Mailing Address:**

311 SOUTH WILLOW DR. 1 TAMPA, FL 33606

#### FEI Number: 46-4299798

## 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.

### SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	HARRIS, JEFFREY M	Name	FOSTER, ROBERT F
Address	1120 E. KENNEDY BLVD	Address	1411 LAKE MAGDALENE BLVD
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33618

MGRM

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.

09/08/2014

Sep 08, 2014 Secretary of State CC1387803274

Date

FILED

Certificate of Status Desired: No

Date