

2019 FLORIDA LIMITED LIABILITY COMPANY 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FOSTER , ROBERT F
Address 311 SOUTH WILLOW AVE.
SUITE #2
City-State-Zip: TAMPA FL 33606

Title MGRM
Name KELVER , BENJAMIN
Address 311 SOUTH WILLOW AVE.
SUITE #2
City-State-Zip: TAMPA FL 33606

Title MGRM
Name PAYNE, ALAN KEITH JR.
Address 311 SOUTH WILLOW AVE.
SUITE #2
City-State-Zip: TAMPA FL 33606

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: ROBERT FOSTER

MANAGER

02/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date