

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000172406

**Entity Name:** HIVE OUTDOOR LIVING LLC

**Current Principal Place of Business:**

311 SOUTH WILLOW DR.  
1  
TAMPA, FL 33606

**Current Mailing Address:**

311 SOUTH WILLOW DR.  
1  
TAMPA, FL 33606

**FEI Number:** 46-4299798

**Certificate of Status Desired:** Yes

**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 HARRIS, JEFFREY M  
Address 1120 E. KENNEDY BLVD  
City-State-Zip: TAMPA FL 33602  
  
Title PARTNER  
Name REICHEL, BERNARD K JR.  
Address 311 SOUTH WILLOW DR.  
SUITE 1  
City-State-Zip: TAMPA FL 33606

Title MGRM  
Name FOSTER, ROBERT F  
Address 1411 LAKE MAGDALENE BLVD  
City-State-Zip: TAMPA FL 33618

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:** BERNARD K. REICHEL, JR

**PARTNER**

**02/23/2015**

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

\_\_\_\_\_  
Date