

**2024 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 MANAGER  
Name ANDREW, HUTTON  
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**

**OWNER**

**04/03/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date