

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000075491

**Entity Name:** ARKIVE LABS, LLC

**Current Principal Place of Business:**

506 N. WEST ST.  
BUSHNELL, FL 33513

**Current Mailing Address:**

506 N. WEST ST.  
BUSHNELL, FL 33513 US

**FEI Number:** 82-1431193

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIEHL, ANITA R  
10740 S. BRIGHTSTAR AVE  
FLORAL CITY, FL 34436 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 MGR  
Name KIEHL, ANITA R  
Address 10740 S. BRIGHTSTAR AVE  
City-State-Zip: FLORAL CITY FL 34436

Title AUTHORIZED REPRESENTATIVE  
Name O'BRIEN, ISABELLE ANNA  
Address 10740 S BRIGHTSTAR AVE  
City-State-Zip: FLORAL CITY FL 34436

*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:** ANITA KIEHL

MGR

04/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date