

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000252509

**Entity Name:** THE HOMESCHOOL HIVE, LLC

**Current Principal Place of Business:**

5330 EHRLICH RD  
SUITE 121  
TAMPA, FL 33624

**Current Mailing Address:**

5330 EHRLICH RD  
SUITE 121  
TAMPA, FL 33624 US

**FEI Number:** 86-3054288

**Certificate of Status Desired:** No

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

TUCKER, KIMBERLEE A  
15028 MEADOWLAKE STREET  
MEADOWLAKE ST.  
ODESSA, FL 33556 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 TUCKER, KIMBERLEE A  
Address 15028 MEADOWLAKE ST  
City-State-Zip: ODESSA FL 33556

*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:** KIMBERLEE TUCKER

**MANAGER**

**01/23/2023**

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

\_\_\_\_\_  
Date