

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000002313

**Entity Name:** THRIVE SPA LLC

**Current Principal Place of Business:**

2655 EAST OAKLAND PARK BLVD  
SUITE 2  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

2655 EAST OAKLAND PARK BLVD  
SUITE 2  
FORT LAUDERDALE, FL 33306 US

**FEI Number:** 47-3510189

**Certificate of Status Desired:** No

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

M. FAEHNER, ESQ. LLC  
600 BYPASS DRIVE, SUITE 100  
CLEARWATER, FL 33764 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:** MICHAEL J. FAEHNER

02/28/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                        |                 |                                        |
|-----------------|----------------------------------------|-----------------|----------------------------------------|
| Title           | MGR                                    | Title           | MGR                                    |
| Name            | VAN, MARY                              | Name            | DEHAAN, STUART ERIKS                   |
| Address         | 2655 EAST OAKLAND PARK BLVD<br>SUITE 2 | Address         | 2655 EAST OAKLAND PARK BLVD<br>SUITE 2 |
| City-State-Zip: | FORT LAUDERDALE FL 33306               | City-State-Zip: | FORT LAUDERDALE FL 33306               |

*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:** MARY VAN

MGR

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date