## 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.

MANAGER

SIGNATURE: KENDRA LAGRANDE

Electronic Signature of Signing Authorized Person(s) Detail

LAGRANDE, DREW 13998 103RD AVE LARGO, FL 33774 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	: DREW LAGRANDE			07/10/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	LAGRANDE, KENDRA P	Name	LAGRANDE, DREW	
Address	13998 103RD AVE	Address	13998 103RD AVE	
City-State-Zip:	LARGO FL 33774	City-State-Zip:	LARGO FL 33774	

## #2A SEMINOLE, FL 33776

# **Current Mailing Address:**

13998 103RD AVE LARGO, FL 33774 US

### FEI Number: 47-3340798

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000037838

Entity Name: THRIVE MYOFASCIAL RELEASE, LLC

Name and Address of Current Registered Agent:

## **Current Principal Place of Business:**

9170 OAKHURST RD.

Jul 10, 2023 Secretary of State 6633179633CC

FILED

Certificate of Status Desired: No

07/10/2023 Date