

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000067979

**Entity Name:** THRIVE PENSACOLA LLC

**Current Principal Place of Business:**

6706 NORTH NINTH AVENUE  
B4  
PENSACOLA, FL 32504

**Current Mailing Address:**

6706 NORTH NINTH AVENUE  
B4  
PENSACOLA, FL 32504 US

**FEI Number:** 47-3723914

**Certificate of Status Desired:** No

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

TOTH, ED  
6706 NORTH NINTH AVENUE  
B4  
PENSACOLA, FL 32504 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:** EDWARD TOTH

11/29/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name TOTH, KAREN  
Address 6706 NORTH NINTH AVENUE SUITE  
B4  
City-State-Zip: PENSACOLA FL 32504

Title AMBR  
Name TOTH, ED  
Address 6706 NORTH NINTH AVENUE SUITE  
B4  
City-State-Zip: PENSACOLA FL 32504

*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:** KAREN TOTH

AMBR

11/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date