

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000113956

**Entity Name:** THRIVE HEALTH LLC

**Current Principal Place of Business:**

5317 AVENAL DR  
LUTZ, FL 33558

**Current Mailing Address:**

5317 AVENAL DR  
LUTZ, FL 33558 US

**FEI Number:** 47-4470773

**Certificate of Status Desired:** No

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

OGBOKE, KELLI J  
5317 AVENAL DR  
LUTZ, FL 33558 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:** KELLI OGBOKE

01/03/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	OGBOKE, KELLI J	Name	OGBOKE, CHRIS
Address	5317 AVENAL DR	Address	5317 AVENAL DR
City-State-Zip:	LUTZ FL 33558	City-State-Zip:	LUTZ FL 33558

*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:** KELLI OGBOKE

OWNER

01/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date