

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000113956

Entity Name: THRIVE HEALTH LLC

Current Principal Place of Business:

309 W RIO VISTA CT
TAMPA, FL 33604

Current Mailing Address:

309 W RIO VISTA CT
TAMPA, FL 33604 US

FEI Number: 47-4470773

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OGBOKE, KELLI J
309 W RIO VISTA CT
TAMPA, FL 33604 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

02/28/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	OGBOKE, KELLI J	Name	OGBOKE, CHRIS
Address	309 W RIO VISTA CT	Address	309 W RIO VISTA CT
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604

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

02/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date