

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000156455

Entity Name: THRIVE LIFE COUNSELING AND WELLNESS, LLC

Current Principal Place of Business:

114 AIRPORT ROAD
SUITE A
PANAMA CITY, FL 32405

Current Mailing Address:

513 PARKWOOD DRIVE
PANAMA CITY, FL 32405 US

FEI Number: 81-4764682

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINTERMAN, KRISTEN
5620 DUNE CREEK TRAIL
PANAMA CITY, FL 32404 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	WINTERMAN, THOMAS	Name	WINTERMAN, KRISTEN
Address	513 PARKWOOD DRIVE	Address	513 PARKWOOD DRIVE
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	PANAMA CITY FL 32405

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: THOMAS WINTERMAN

MANAGER

01/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date