

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000068099

**Entity Name:** THRIVEOLOGY, LLC

**Current Principal Place of Business:**

1919 BAYWOOD DRIVE  
UNIT A  
SARASOTA, FL 34231

**Current Mailing Address:**

1919 BAYWOOD DRIVE  
UNIT A  
SARASOTA, FL 34231 US

**FEI Number:** 30-0977118

**Certificate of Status Desired:** Yes

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

KIMMEL, BROOKE N  
1919 BAYWOOD DRIVE  
UNIT A  
SARASOTA, FL 34231 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  
Name KIMMEL, BROOKE N  
Address 1919 BAYWOOD DRIVE, UNIT A  
City-State-Zip: SARASOTA FL 34231

Title AR  
Name KIMMEL, STACY D  
Address 1919 BAYWOOD DRIVE, UNIT A  
City-State-Zip: SARASOTA FL 34231

*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:** BROOKE KIMMEL

**MGR**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date