

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000105228

**Entity Name:** THRIVE MARKET PLACE LLC

**Current Principal Place of Business:**

490 OPA-LOCKA BLVD  
SUITE 20  
OPA LOCKA, FL 33054

**Current Mailing Address:**

490 OPA-LOCKA BLVD STE 20  
OPA LOCKA, FL 33054

**FEI Number:** 82-1496447

**Certificate of Status Desired:** Yes

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

OPA-LOCKA COMMUNITY DEVELOPMENT CORP INC  
490 OPA-LOCKA BLVD STE 20  
OPA LOCKA, FL 33054 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 LOGAN, WILLIE  
Address 490 OPA-LOCKA BLVD STE 20  
City-State-Zip: OPA LOCKA FL 33054

*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:** WILLIE LOGAN

**PRESIDENT AND CEO**

**07/06/2018**

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

\_\_\_\_\_  
Date