## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000247046

Entity Name: THRIVE MD LLC

**Current Principal Place of Business:** 

3301 NE 5TH AVE 1011

MIAMI, FL 33137

**Current Mailing Address:** 

3301 NE 5TH AVE 1011

MIAMI, FL 33137 US

FEI Number: 82-3587230 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELTRAN ACCOUNTING SERVICES CORP 6303 BLUE LAGOON DR SUITE 400

MIAMI, FL 33126 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: ANGELICA L BELTRAN 02/12/2019

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title CEO

Name DURAN, MONICA Address 3301 NE 5TH AVE

1011

City-State-Zip: MIAMI FL 33137

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: DURAN, MONICA CEO 02/12/2019

FILED Feb 12, 2019

**Secretary of State** 

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