

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000189464

Entity Name: THRIVE MOBILE CHIROPRACTIC LLC

Current Principal Place of Business:

3026 OAKBROOK CIR
CLEARWATER, FL 33759

Current Mailing Address:

2520 MCMULLEN BOOTH RD
STE-B #307
CLEARWATER, FL 33761 US

FEI Number: 84-2488558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAHIM, MICHAEL
3026 OAKBROOK CIR
CLEARWATER, FL 33759 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 FAHIM, MICHAEL

Address 3026 OAKBROOK CIR

City-State-Zip: CLEARWATER FL 33759

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: MICHAEL FAHIM

MANAGER

06/28/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date