

**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