

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000083219

**Entity Name:** MRI THRIVE MEDIA, LLC

**Current Principal Place of Business:**

190 CONGRESS PARK DRIVE  
SUITE 202  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2400 EAST COMMERCIAL BLVD  
SUITE 718  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 85-0642189

**Certificate of Status Desired:** Yes

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

RITTS, LORINDA  
2400 E. COMMERCIAL BLVD.  
SUITE 718  
FT. LAUDERDALE, FL 33308 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 MEMBER  
Name MULLINGS, JOSEPH  
Address 190 CONGRESS PARK DRIVE  
SUITE 202  
City-State-Zip: DELRAY BEACH FL 33445

Title MEMBER  
Name BCC TALENT ACCESS HOLDINGS,  
LLC  
Address 190 CONGRESS PARK DRIVE  
SUITE 202  
City-State-Zip: DELRAY BEACH FL 33445

Title MEMBER  
Name HOLLANDER-TORRES, JESSICA  
Address 190 CONGRESS PARK DRIVE  
SUITE 202  
City-State-Zip: DELRAY BEACH FL 33445

*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:** LORINDA RITTS

**SECRETARY**

**01/04/2022**

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

\_\_\_\_\_  
Date