

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000305165

Entity Name: THRIVE MEDICAL, LLC

Current Principal Place of Business:

519 LAKE CHARM CT
OVIDO, FL 32765

Current Mailing Address:

2200 WINTER SPRINGS BLVD
STE # 106-265
OVIDO, FL 32765

FEI Number: 61-1982013

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ODOM, MELISSA C
519 LAKE CHARM CT
OVIDO, FL 32765 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: MELISSA ODOM

03/18/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ODOM,, MELISSA C
Address 519 LAKE CHARM CT
City-State-Zip: OVIDO FL 32765

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: ODOM, MELISSA C

OWNER

03/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date