

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000383865

**Entity Name:** THRIVE RESOURCES, LLC

**Current Principal Place of Business:**

6526 OLD BRICK ROAD  
SUITE 120-421  
WINDERMERE, FL 34786

**Current Mailing Address:**

6526 OLD BRICK ROAD  
SUITE 120-421  
WINDERMERE, FL 34786 US

**FEI Number:** 27-3800202

**Certificate of Status Desired:** No

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

MADDEN, SUSANNA  
6526 OLD BRICK ROAD  
SUITE 120-421  
WINDERMERE, FL 34786 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 AUTHORIZED MEMBER  
Name MADDEN, SUSANNA  
Address 14446 BREAKWATER WAY  
City-State-Zip: WINTER GARDEN FL 34787

Title AUTHORIZED MEMBER  
Name MADDEN, WILLIAM  
Address 14446 BREAKWATER WAY  
City-State-Zip: WINTER GARDEN FL 34787

*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:** SUSANNA MADDEN

**AUTHORIZED MEMBER**

**03/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date