

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084099

**Entity Name:** THRIVE SOLUTIONS LLC

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6319 PINEY GLEN LANE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

6319 PINEY GLEN LANE  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 27-0829902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, KELLY  
6319 PINEY GLEN LANE  
ORLANDO, FL 32819 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RIVERA, KELLY  
**Address:** 6319 PINEY GLEN LANE  
**City-St-Zip:** ORLANDO, FL 32819

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KELLY RIVERA

MGR

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date