

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000027695

**FILED**  
**Dec 03, 2014**  
**Secretary of State**

**Entity Name:** THRIVE PSYCHOLOGICAL ASSOCIATES LLC

**Current Principal Place of Business:**

2929 SW 3 AVE STE 430  
MIAMI, FL 33129

**New Principal Place of Business:**

6175 NW 153 STREET  
SUITE 205  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

2929 SW 3 AVE STE 430  
MIAMI, FL 33129

**New Mailing Address:**

6175 NW 153 STREET  
SUITE 205  
MIAMI LAKES, FL 33014

**FEI Number:** 45-4778679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERMAN S RIVAS CPA PA  
3601 NW 20 ST  
MIAMI, FL 33142 US

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

ALVAREZ-JIMENEZ, ANABEL PRES  
6175 NW 153 STREET  
SUITE 205  
MIAMI LAKES, FL 33014 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: ANABEL ALVAREZ JIMENEZ

12/03/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: BLANCO, SUSANA  
Address: 6175 NW 153 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: MGR  
Name: ALVAREZ-JIMENEZ, ANABEL  
Address: 6175 NW 153 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ANABEL ALVAREZ-JIMENEZ

MGR

12/03/2014

Electronic Signature of Authorized Person

Date