

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000085344

**Entity Name:** ADTHRIVE LLC**Current Principal Place of Business:**C/O CMI MARKETING, INC.  
1411 BROADWAY 27TH FL  
NEW YORK, NY 10018**Current Mailing Address:**C/O CMI MARKETING, INC.  
1411 BROADWAY 27TH FL  
NEW YORK, NY 10018 US**FEI Number:** 46-2970806**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	SANCHEZ, MICHAEL
Address	1411 BROADWAY 27TH FL 1411 BROADWAY 27TH FL
City-State-Zip:	NEW YORK NY 10018
Title	TREASURER
Name	KIETSRICHART, PATRICK KEE
Address	C/O CMI MARKETING, INC. 1411 BROADWAY 27TH FL
City-State-Zip:	NEW YORK NY 10018

Title	SECRETARY
Name	SAMUELS, STEVEN
Address	C/O CMI MARKETING, INC. 1411 BROADWAY 27TH FL
City-State-Zip:	NEW YORK NY 10018

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: PATRICK KIETSRICHART****TREASUERE****01/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date