

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000232227

**Entity Name:** THRIVE EDUCATIONAL SERVICES LLC

**Current Principal Place of Business:**

5108 SW 137 CT  
MIAMI, FL 33175

**Current Mailing Address:**

5108 SW 137 CT  
MIAMI, FL 33175 US

**FEI Number:** 82-3395067

**Certificate of Status Desired:** No

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

ORPI, DELILAH  
14372 SW 50TH ST  
MIAMI, FL 33175 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 MGR  
Name ORPI, DELILAH  
Address 14372 SW 50TH ST  
City-State-Zip: MIAMI FL 33175

*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:** DELILAH ORPI

MGR

04/24/2019

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date