

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000246876

Entity Name: THRIVE COLLECTIVE, LLC

Current Principal Place of Business:

40 NW 4TH AVENUE
UPPER #205
DELRAY BEACH, FL 33444

Current Mailing Address:

40 NW 4TH AVENUE
UPPER #205
DELRAY BEACH, FL 33444 US

FEI Number: 82-5106758

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, KRISTYN
40 NW 4TH AVENUE
UPPER #205
DELRAY BEACH, FL 33444 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: KRISTYN COX

04/09/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SELZNICK, SARA M
Address 40 NW 4TH AVENUE
UPPER #205
City-State-Zip: DELRAY BEACH FL 33444

Title MANAGER
Name COX, KRISTYN ELIZABETH
Address 40 NW 4TH AVENUE
UPPER #205
City-State-Zip: DELRAY BEACH FL 33444

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: KRISTYN COX

MANAGER

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date