

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000247046

**Entity Name:** THRIVE MD LLC

**Current Principal Place of Business:**

3301 NE 5TH AVE  
1011  
MIAMI, FL 33137

**Current Mailing Address:**

3301 NE 5TH AVE  
1011  
MIAMI, FL 33137 US

**FEI Number:** 82-3587230

**Certificate of Status Desired:** No

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

BELTRAN ACCOUNTING SERVICES CORP  
6303 BLUE LAGOON DR  
SUITE 400  
MIAMI, FL 33126 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:** ANGELICA L BELTRAN

02/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name DURAN, MONICA  
Address 3301 NE 5TH AVE  
1011  
City-State-Zip: MIAMI FL 33137

*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:** DURAN , MONICA

CEO

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date