

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000359787

**Entity Name:** THRIFIT, LLC

**Current Principal Place of Business:**

3287 NW 123RD AVE  
SUNRISE, FL 33323

**Current Mailing Address:**

3287 NW 123RD AVE  
SUNRISE, FL 33323 UN

**FEI Number:** 87-2073153

**Certificate of Status Desired:** No

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

ARMIJOS, JUAN  
3287 NW 123RD AVE  
SUNRISE, FL 33323 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           MANAGER  
Name           ARMIJOS, JUAN  
Address        3287 NW 123RD AVE  
City-State-Zip:   SUNRISE   33323

Title           MANAGER  
Name           ARMIJOS, LUIS  
Address        3287 NW 123RD AVE  
City-State-Zip:   SUNRISE   33323

*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:** JUAN ARMIJOS

**MGR**

**04/14/2025**

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

\_\_\_\_\_  
Date