

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000115684

**Entity Name:** THRIVE MENTAL HEALTH AND SUBSTANCE ABUSE RECOVERY SUPPORT SERVICES, LLC

**Current Principal Place of Business:**

7800 W. OAKLAND PARK BLVD. STE 115  
SUNRISE, FL 33351

**Current Mailing Address:**

7480 NW 13TH STREET  
PLANTATION, FL 33313 US

**FEI Number: 92-2912331**

**Certificate of Status Desired: No**

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

GERMAN, ANGELA N PH. D  
7480 NW 13TH STREET  
PLANTATION, FL 33313 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	Title	MGR
Name	GERMAN, ANGELA N PH. D	Name	GERMAN, WILLIAM JR
Address	7480 NW 13TH STREET	Address	7480 NW 13TH STREET
City-State-Zip:	PLANTATION FL 33313	City-State-Zip:	PLANTATION FL 33313

*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: ANGELA GERMAN

OWNER

04/06/2024

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

\_\_\_\_\_  
Date