

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000245939

**Entity Name:** THRIVE SPECIALTY PHARMACY LLC

**Current Principal Place of Business:**

7368 NW 5TH STREET  
PLANTATION, FL 33317

**Current Mailing Address:**

7368 NW 5TH STREET  
PLANTATION, FL 33317 US

**FEI Number:** 93-1528295

**Certificate of Status Desired:** No

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

THOMAS HAMILTON  
1901 S.W. 67TH TER.  
PLANTATION, FL 33317 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            MBR  
Name            HAMILTON, THOMAS  
Address        1901 SW 67TH TER  
City-State-Zip: PLANTATION FL 33317

Title            MBR  
Name            MILLER, WILLIAM  
Address        140 S DIXIE HWY  
                  APT 525  
City-State-Zip: HOLLYWOOD FL 33020

*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:** WILLIAM MILLER

MBR

02/25/2025

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

\_\_\_\_\_  
Date