

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040887

FILED
Apr 09, 2009
Secretary of State

Entity Name: 2TH DOCS, LLC

Current Principal Place of Business:

1001 SOUTH LOOP BOULEVARD
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1001 SOUTH LOOP BOULEVARD
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 20-2748995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEAR, BRIAN L DMD
1001 SOUTH LOOP BOULEVARD
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEAR, BRIAN L DMD
Address: 1001 SOUTH LOOP BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Delete
Name: TROUP, DAVIS R DDS
Address: 1001 SOUTH LOOP BOULEVARD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM (X) Delete
Name: OAKES-LOTTRIDGE, DENISE DMD
Address: 101 SOUTH LOOP BLVD.
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: OAKES-LOTTRIDGE, DENISE DMD
Address: 1001 SOUTH LOOP BLVD.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRIAN L. GEAR

MGRM

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date