

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040887

**Entity Name:** 2TH DOCS, LLC

**Current Principal Place of Business:**

1001 SOUTH LOOP BOULEVARD  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

1001 SOUTH LOOP BOULEVARD  
LEHIGH ACRES, FL 33936

**FEI Number:** 20-2748995

**Certificate of Status Desired:** No

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

GEAR, BRIAN LDMD  
1001 SOUTH LOOP BOULEVARD  
LEHIGH ACRES, FL 33936 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 MGRM  
Name GEAR, BRIAN LDMD  
Address 1001 SOUTH LOOP BOULEVARD  
City-State-Zip: LEHIGH ACRES FL 33936

Title MGRM  
Name OAKES-LOTTRIDGE, DENISE DMD  
Address 1001 SOUTH LOOP BLVD.  
City-State-Zip: LEHIGH ACRES FL 33936

Title MGRM  
Name SCHEEL, MIGUEL DMD  
Address 1001 SOUTH LOOP BLVD.  
City-State-Zip: LEHIGH ACRES FL 33936

*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:** BRIAN GEAR

**MANAGER**

**04/03/2019**

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

\_\_\_\_\_  
Date