

2018 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

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date