

2021 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 US**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

Title	AMBR
Name	HAMM, TREVOR
Address	1001 SOUTH LOOP BOULEVARD
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**MGR****02/09/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date