## 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

**FILED** Apr 03, 2019

**Secretary of State** 

1036425498CC

Authorized Person(s) Detail:

Title MGRM

GEAR, BRIAN LDMD OAKES-LOTTRIDGE, DENISE DMD Name Name

Title

**MGRM** 

1001 SOUTH LOOP BOULEVARD Address 1001 SOUTH LOOP BLVD. Address City-State-Zip: LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936

Title **MGRM** 

City-State-Zip:

Name SCHEEL, MIGUEL DMD 1001 SOUTH LOOP BLVD. Address 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.

04/03/2019 SIGNATURE: BRIAN GEAR **MANAGER**