

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000134181

**Entity Name:** DOCSCONNECT LLC

**Current Principal Place of Business:**

1101 N. LAKE DESTINY DR, SUITE 300  
MAITLAND, FL 32751

**Current Mailing Address:**

1101 NORTH LAKE DESTINY DRIVE SUITE 300  
MAITLAND, FL 32751 US

**FEI Number:** 47-4166769

**Certificate of Status Desired:** No

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

DON MATHEWS LAW, LLC  
1700 MEDICAL LANE  
103  
FORT MYERS, FL 33907 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:** DONALD MATHEWS

08/15/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name TRISMEN ENTERPRISES, LLC  
Address 1101 N. LAKE DESTINY DR, SUITE 300  
City-State-Zip: MAITLAND FL 32751

Title MGR  
Name MATHEWS0419, LLC  
Address 1101 N. LAKE DESTINY DR, SUITE 300  
City-State-Zip: MAITLAND FL 32751

Title AMBR  
Name MATHEWS0419, LLC  
Address 1101 N. LAKE DESTINY DR, SUITE 300  
City-State-Zip: MAITLAND FL 32751

*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:** PAMELA GLOVER

CEO

08/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date