

2016 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:

MATHEWS, DON
1850 BOY SCOUT DRIVE
FORT MYERS, FL 33919 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 E. MATHEWS

03/10/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name JONES, LARRY
Address 1101 NORTH LAKE DESTINY RD STE 300
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED MEMBER
Name COLE, BRYAN
Address 1101 NORTH LAKE DESTINY DRIVE SUITE 300
City-State-Zip: MAITLAND FL 32752

Title AUTHORIZED MEMBER
Name GLOVER, PAMELA
Address 1101 NORTH LAKE DESTINY DRIVE SUITE 300
City-State-Zip: MAITLAND FL 32752

Title AUTHORIZED MEMBER
Name JONES, LARRY
Address 1101 NORTH LAKE DESTINY DRIVE SUITE 300
City-State-Zip: MAITLAND FL 32752

Title AMBR
Name JONES, LARRY
Address 1101 NORTH LAKE DESTINY RD STE 300
City-State-Zip: MAITLAND FL 32751

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

Title AMBR
Name COLE, BRYAN
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

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date