

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190969

**Entity Name:** LADY DOC LEGAL & PROFESSIONAL SERVICES, LLC

**Current Principal Place of Business:**

6010 DU-CLAY ROAD  
#9  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

9526 ARGYLE FOREST BLVD  
STE B2 #437  
JACKSONVILLE, FL 32222

**FEI Number: 47-2488845**

**Certificate of Status Desired: Yes**

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

MATHIS, ANDREA L  
9526 ARGYLE FOREST BLVD  
STE B2 #437  
JACKSONVILLE, FL 32222 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            CEO  
Name            MATHIS, ANDREA L  
Address        9526 ARGYLE FOREST BLVD, STE B2  
                  #437  
City-State-Zip: JACKSONVILLE FL 32222

Title            VP, OFFICE MANAGER  
Name            MATHIS, FRANCES E  
Address        9526 ARGYLE FOREST BLVD, STE B2  
                  #437  
City-State-Zip: JACKSONVILLE FL 32222

Title            SECRETARY  
Name            DUCOTE, CYNTHIA  
Address        9526 ARGYLE FOREST BLVD  
                  STE B2 #437  
City-State-Zip: JACKSONVILLE FL 32222

*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: ANDREA MATHIS**

**CEO/OWNER**

**06/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date