

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000153893

**Entity Name:** THINK TABS, LLC

**Current Principal Place of Business:**

199 E. FLAGLER ST PMB#424  
MIAMI, FL 33101

**Current Mailing Address:**

199 E. FLAGLER ST PMB#424  
MIAMI, FL 33101 US

**FEI Number:** 85-1615101

**Certificate of Status Desired:** No

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

GROUP, COLLABORATIVE MEDICAL  
4849 LAKE WORTH RD  
GREENACRES, FL 33463 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:** COLLABORATIVE MEDICAL GROUP

05/01/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GROUP, COLLABORATIVE MEDICAL  
Address 4849 LAKE WORTH RD  
City-State-Zip: GREENACRES FL 33463

*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:** COLLABORATIVE MEDICAL GROUP

MEMBER

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date