

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002939

**Entity Name:** CALL THE COMPUTER DOCTOR LLC

**Current Principal Place of Business:**

1720 N. ROOSEVELT BLVD  
KEY WEST, FL 33040

**Current Mailing Address:**

1720 N. ROOSEVELT BLVD  
KEY WEST, FL 33040 US

**FEI Number:** 27-1635036

**Certificate of Status Desired:** No

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

SMITH-MARTIN, BETHANY R MRS  
1720 ROOSEVELT BLVD  
KEY WEST, FL 33040 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	MM	Title	MM
Name	SMITH-MARTIN, BETHANY R	Name	SMITH-MARTIN, ROBIN
Address	2503 B FOGARTY AVE	Address	2503 B FOGARTY AVE
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

*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:** BETHANY SMITH-MARTIN

**MANAGING MEMBER**

**03/01/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date