

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000116009

FILED  
Jan 08, 2011  
Secretary of State

**Entity Name:** BELAMAR CONTACT SOLUTIONS FL, LLC

**Current Principal Place of Business:**

5462 WHITNEY STREET  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

2121 CORPORATE SQUARE BLVD  
SUITE 263-264  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5462 WHITNEY STREET  
JACKSONVILLE, FL 32277

**New Mailing Address:**

2121 CORPORATE SQUARE BLVD  
SUITE 263-264  
JACKSONVILLE, FL 32216

FEI Number: 21-5731520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MCCRAY, ANITA  
5462 WHITNEY STREET  
JACKSONVILLE, FL 32277 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCCRAY, ANITA  
Address: P O BOX 11096  
City-St-Zip: JACKSONVILLE, FL 32239

Title: MGRM  
Name: MCCRAY, ANTHONY C  
Address: 5462 WHITNEY STREET  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SR  
Name: MURRAY, KECIA  
Address: 8877 CANOPY OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: JR  
Name: CLARK, ENGLISH  
Address: 10914 BIGGY WHIP DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: JR  
Name: CLARK, MIMI  
Address: 10914 BIGGY WHIP DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANITA MCCRAY

MRG

01/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date