

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000027635

Entity Name: TOUCHSTREAM LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3600 COMMERCE BLVD., STE. 200  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

17099 GULF PINE CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

3600 COMMERCE BLVD., STE. 200  
KISSIMMEE, FL 34741

**New Mailing Address:**

17099 GULF PINE CIRCLE  
WELLINGTON, FL 33414

FEI Number: 51-0632665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOVELL, WILLIAM D  
17099 GULF PINE CIR  
WELLINGTON, FL 33414 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: MR.  
Name: LOVELL, WILLIAM D  
Address: 17099 GULF PINE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MRS.  
Name: LOVELL, PAMELA B  
Address: 17099 GULF PINE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

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: WILLIAM D. LOVELL

MR.

01/04/2012

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