

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109918

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA CALL CENTER LLC

**Current Principal Place of Business:**

3850 BIRD ROAD  
PH 1  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

3850 BIRD ROAD  
PH 1 - SUITE 1003  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

3850 BIRD ROAD  
PH 1  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

3850 BIRD ROAD  
PH 1 - SUITE 1003  
CORAL GABLES, FL 33146 US

**FEI Number:** 27-1480633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHOWDHURY, EQRAMUL I J.D.  
3850 BIRD ROAD  
PH 1  
CORAL GABLES, FL 33146 US

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

CHOWDHURY, EQRAMUL I J.D.  
3850 BIRD ROAD  
PH 1PH 1 - SUITE 1003  
CORAL GABLES, FL 33146 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:

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CABELLO, MARICELL E  
Address: 3850 BIRD ROAD PH 1 - SUITE 1003  
City-St-Zip: CORAL GABLES, FL 33146 US

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: MARICELL E CABELLO

MGRM

04/14/2010

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