

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003697

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CONTACT CENTERS OF AMERICA, LLC

**Current Principal Place of Business:**

2100 COMMON WAY ROAD  
ORLANDO, FL 328146337

**New Principal Place of Business:**

**Current Mailing Address:**

2100 COMMON WAY ROAD  
ORLANDO, FL 328146337

**New Mailing Address:**

**FEI Number:** 26-2795201

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

JACOBONI, JOSEPH J  
2100 COMMON WAY ROAD  
ORLANDO, FL 328146337 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 ( ) Delete  
Name: JACOBONI, JOSEPH J  
Address: 2100 COMMON WAY ROAD  
City-St-Zip: ORLANDO, FL 328146337

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH JACOBONI

MGR

04/30/2009

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