

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000097388

Entity Name: TOUCHPOINT CONTACT CENTERS, LLC

Current Principal Place of Business:

400 ORANGE STREET
3RD FLOOR
ASHLAND, OH 44805

Current Mailing Address:

C/O GRUBER AND ASSOCIATES, P.A.
6550 NORTH FEDERAL HIGHWAY; SUITE 522
FORT LAUDERDALE, FL 33308-1417 US

FEI Number: 27-1096866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MINERLEY FEIN, PA
980 N FEDERAL HIGHWAY
SUITE 412
BOCA RATON, FL 33432 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 MGRM
Name GERALD M. DUNNE, JR. TRUST
Address 7771 W OAKLAND PARK BLVD, SUITE 209
City-State-Zip: SUNRISE FL 33351

Title PRESIDENT
Name EISDORFER, CHRIS
Address 1380 NORTHEAST MIAMI GARDENS DRIVE STE 251
City-State-Zip: NORTH MIAMI GARDENS FL 33179

Title MGRM
Name SHAH, SANGEETA
Address 7771 W OAKLAND PARK BLVD. SUITE 209
City-State-Zip: SUNRISE FL 33351

Title VP, SECRETARY, TREASURER
Name RUB, MARTA L.
Address 1380 NE MIAMI GARDENS DRIVE SUITE 251
City-State-Zip: NORTH MIAMI BEACH FL 33179

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: MARTA L. RUB

SECRETARY

01/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date