

**2016 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	MGRM
Name	SHAH, SANGEETA
Address	7771 W OAKLAND PARK BLVD. SUITE 209
City-State-Zip:	SUNRISE FL 33351

Title	PRESIDENT
Name	EISDORFER, CHRIS
Address	17291 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	VP, SECRETARY, TREASURER
Name	RUB, MARTA L.
Address	17291 NE 19TH AVENUE
City-State-Zip:	NORTH MIAMI BEACH FL 33162

*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

VICE PRESIDENT

03/24/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date