

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000152093

Entity Name: TELESPECIALISTS, LLC

Current Principal Place of Business:

15050 ELDERBERRY LANE, SUITE 1-6
FORT MYERS, FL 33907

Current Mailing Address:

15050 ELDERBERRY LANE, SUITE 1-6
FORT MYERS, FL 33907 US

FEI Number: 46-4004319

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PARISI, JANINE G
15050 ELDERBERRY LN
FT. MYERS, FL 33907 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 MGR
Name MOWZOOM, NIMA
Address 8965 COLLEGE PARKWAY, SUITE 2476
City-State-Zip: FT. MYERS FL 33919

Title AMBR
Name AVILA, AMANDA
Address 15050 ELDERBERRY LN
City-State-Zip: FORT MYERS FL 33907

Title AMBR
Name GRASSI, FRANK
Address 15050 ELDERBERRY LN
City-State-Zip: FORT MYERS FL 33907

Title AMBR
Name HELLER, ADAM
Address 15050 ELDERBERRY LN
City-State-Zip: FORT MYERS FL 33907

Title AMBR
Name SAREH, HOUTAN
Address 15050 ELDERBERRY LN
City-State-Zip: FORT MYERS FL 33907

Title AMBR
Name ZAFAR, DARYOUSH
Address 15050 ELDERBERRY LANE
City-State-Zip: FORT MYERS FL 33907

Title AMBR
Name BRILLMAN, JON
Address 15050 ELDERBERRY LANE, SUITE 1-6
City-State-Zip: FORT MYERS FL 33907

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: NIMA MOWZOOM

MGR

03/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date