

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000152093

Entity Name: TELESPECIALISTS, LLC**Current Principal Place of Business:**9110 COLLEGE POINTE CT
FORT MYERS, FL 33919**Current Mailing Address:**9110 COLLEGE POINTE CT
FORT MYERS, FL 33919 US**FEI Number:** 46-4004319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DARYOUSH , ZAFAR A
9110 COLLEGE POINTE CT
FT. MYERS, FL 33919 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:** DARYOUSH ZAFAR

01/22/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MOWZON, NIMA
Address 9110 COLLEGE POINTE CT
City-State-Zip: FT. MYERS FL 33919

Title AMBR
Name AVILA, AMANDA
Address 9110 COLLEGE POINTE CT
City-State-Zip: FORT MYERS FL 33919

Title AMBR
Name GRASSI, FRANK
Address 9110 COLLEGE POINTE CT
City-State-Zip: FORT MYERS FL 33919

Title AMBR
Name HELLER, ADAM
Address 9110 COLLEGE POINTE CT
City-State-Zip: FORT MYERS FL 33919

Title AMBR
Name ZAFAR, DARYOUSH
Address 9110 COLLEGE POINTE CT
City-State-Zip: FORT MYERS FL 33919

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: DARYOUSH ZAFAR

MANAGER

01/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date