

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000152093

**Entity Name:** TELESPECIALISTS, LLC**Current Principal Place of Business:**11215 METRO PARKWAY  
BUILDING 3 SUITE 1  
FORT MYERS, FL 33906**Current Mailing Address:**PO BOX 60159  
FORT MYERS, FL 33906 US**FEI Number:** 46-4004319**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DARYOUSH , ZAFAR A  
11215 METRO PARKWAY  
BUILDING 3 SUITE 1  
FORT MYERS, FL 33906 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**04/30/2025**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MOWZOOM, NIMA  
Address 11215 METRO PARKWAY BLDG. 3 STE  
1  
City-State-Zip: FT. MYERS FL 33966

Title AMBR  
Name AVILA, AMANDA  
Address 11215 METRO PARKWAY BLDG. 3 STE  
1  
City-State-Zip: FORT MYERS FL 33966

Title AMBR  
Name ZAMAN, MOHAMMED  
Address 11215 METRO PARKWAY BLDG. 3 STE  
1  
City-State-Zip: FORT MYERS FL 33966

Title AMBR  
Name HELLER, ADAM  
Address 11215 METRO PARKWAY BLDG. 3 STE  
1  
City-State-Zip: FORT MYERS FL 33966

Title AMBR  
Name ZAFAR, DARYOUSH  
Address 11215 METRO PARKWAY BLDG. 3 STE  
1  
City-State-Zip: FORT MYERS FL 33966

*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**MEMBER****04/30/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date