

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000119984

**Entity Name:** TRUE VISION CALL CENTER,LLC**Current Principal Place of Business:**1322 N E 117TH TERRACE  
MIAMI, FL 33161**Current Mailing Address:**13990 S.W.280TH TERRACE  
HOMESTEAD, FL 33033 US**FEI Number: 81-5051547****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THOMAS, ROCK-ELIE  
1322 N E 117TH TERRACE  
MIAMI, FL 33161 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: ROCK-ELIE THOMAS****03/29/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PS  
Name THOMAS, CLAUDY  
Address 14115 N E 7TH AVENUE  
City-State-Zip: NORTH MIAMI FL 33161

Title VP  
Name THOMAS, ROCK-ELIE  
Address 1311 N E 125TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title MGR  
Name THOMAS, RICKY BALBOA  
Address 1298 N E 128TH STREET  
City-State-Zip: NORTH MIAMI FL 33161

Title AMBR  
Name THOMAS, GERMAINE JOSEPH  
Address 1322 N E 117TH STREET  
City-State-Zip: MIAMI FL 33161

Title AP  
Name THOMAS, ANDROMAQUE DANJOUR  
Address 2300 N W 136TH STREET,APT 211  
City-State-Zip: OPALOCKA FL 33054

Title MGR  
Name THOMAS, ROCKY BALBOA  
Address 13740 S W 268TH STREET,APT 103  
City-State-Zip: HOMESTEAD FL 33032

*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: ROCK-ELIE THOMAS****VICE PRESIDENT****03/29/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date