

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000004131

**Entity Name:** BOLDER OUTREACH SOLUTIONS, LLC**Current Principal Place of Business:**9200 SHELBYVILLE ROAD, SUITE 210  
LOUISVILLE, KY 40222-5144**Current Mailing Address:**9200 SHELBYVILLE ROAD, SUITE 210  
LOUISVILLE, KY 40222-5144 US**FEI Number:** 46-0608830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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	PRESIDENT, DIRECTOR
Name	SHEA, MICHAEL A.
Address	9200 SHELBYVILLE ROAD, SUITE 210
City-State-Zip:	LOUISVILLE KY 40222

Title	VP, SECRETARY
Name	DEMUS, HAROLD
Address	9200 SHELBYVILLE ROAD, SUITE 210
City-State-Zip:	LOUISVILLE KY 40222-5144

Title	TREASURER, VP
Name	NELSON, DAVID
Address	9200 SHELBYVILLE ROAD, SUITE 210
City-State-Zip:	LOUISVILLE KY 40222-5144

Title	DIRECTOR
Name	MCLOUGHLIN, KAREN
Address	9200 SHELBYVILLE ROAD, SUITE 210
City-State-Zip:	LOUISVILLE KY 40222-5144

Title	CFO
Name	STELLATO, FRANK
Address	9200 SHELBYVILLE ROAD, SUITE 210
City-State-Zip:	LOUISVILLE KY 40222-5144

*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: MICHAEL SHEA****PRESIDENT****04/06/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date