

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000130772

**Entity Name:** HEARING CONCIERGE LLC

**Current Principal Place of Business:**

4206 S OCEAN BLVD.  
4  
HIGHLAND BEACH, FL 33487

**Current Mailing Address:**

4206 S OCEAN BLVD.  
4  
HIGHLAND BEACH, FL 33487 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, SHARON  
4206 S OCEAN BLVD.  
4  
HIGHLAND BEACH, FL 33487 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            AMBR  
Name            COHEN, SHARON  
Address        4206 S OCEAN BLVD, APT 4  
City-State-Zip: HIGHLAND BEACH FL 33487

*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:** SHARON COHEN

04/02/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date