

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000002164

1. Entity Name

ADVANCED FAMILY HEARING AID CENTER, LLC



Principal Place of Business

6441 WEST NORVELL BRYANT HWY
CRYSTAL RIVER FL 34429

Mailing Address

6441 WEST NORVELL BRYANT HWY
CRYSTAL RIVER FL 34429



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1635637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, JERILLYN M
2478 S. BOLTON AVENUE
HOMOSASSA FL 34448

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CLARK, JERILLYN M
2478 S. BOLTON AVENUE
HOMOSASSA FL 34478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
U000000628016
02/15/07-80084-008 50.00

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jerilyn Clark

1.31.07