

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081145

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PALM BAY HEARING AID CENTER LLC.

**Current Principal Place of Business:**

754 MALABAR RD.  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

754 MALABAR RD.  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 26-0587642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, JOHN J PRESIDE  
754 MALABAR RD.  
PALM BAY, FL 32907 US

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

CARUSO, STEVE  
486 N HARBOR CITY BLVD  
MELBOURNE, FL 32935 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: STEVE CARUSO

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ROBERTS, JOHN J  
Address: 754 MALABAR RD.  
City-St-Zip: PALM BAY, FL 32907

Title: MGR  
Name: ROBERTS, ANDREW J  
Address: 587 WINER AVE SW  
City-St-Zip: PALM BAY, FL 32908

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN ROBERTS

P

04/24/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date