

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087070

**Entity Name:** JONES FAMILY HEARING, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6450 SHORELINE DRIVE  
APT 9206  
ST PETERSBURG, FL 33708 US

**New Principal Place of Business:**

**Current Mailing Address:**

6450 SHORELINE DRIVE  
APT 9206  
ST PETERSBURG, FL 33708 US

**New Mailing Address:**

**FEI Number:** 26-0784552      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LYNCH, GARRICK J  
9996 SEMINOLE BLVD  
SEMINOLE, FL 33772 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** JONES, BARRY K  
**Address:** 6450 SHORELINE DRIVE, APT 9206  
**City-St-Zip:** ST. PETERSBURG, FL 33708 US

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: BARRY K JONES

MGRM

04/28/2011

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