

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072840

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ALVAREZ AUDIOLOGY & HEARING, LLC

**Current Principal Place of Business:**

6328 GUNN HWY  
STE A  
TAMPA, FL 33625

**New Principal Place of Business:**

6615 GUNN HWY  
TAMPA, FL 33625

**Current Mailing Address:**

6328 GUNN HWY  
STE A  
TAMPA, FL 33625

**New Mailing Address:**

6615 GUNN HWY  
TAMPA, FL 33625

**FEI Number:** 26-3057765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ, INDIRA AU.D  
4813 RIDGE POINT DR  
TAMPA, FL 33624 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: MGR  
Name: ALVAREZ, INDIRA AU.D  
Address: 4813 RIDGE POINT DR  
City-St-Zip: TAMPA, FL 33624 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: INDIRA ALVAREZ

MGR

04/30/2012

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