

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000124187

Entity Name: ALLEN HEARING CARE, LLC

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1301 BEVILLE RD., #17  
DAYTONA BEACH, FL 32119

## **New Principal Place of Business:**

1275 W. GRANADA BLVD.  
SUITE 5A  
ORMOND BEACH, FL 32174

## **Current Mailing Address:**

1301 BEVILLE RD., #17  
DAYTONA BEACH, FL 32119

## **New Mailing Address:**

1275 W. GRANADA BLVD.  
SUITE 5A  
ORMOND BEACH, FL 32174

FEI Number: 27-4130689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEN, DANIEL  
19 SOUTHERN TRACE BLVD.  
ORMOND BEACH, FL 32174 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: PRES  
Name: ALLEN, DANIEL  
Address: 19 SOUTHERN TRACE BLVD.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPS  
Name: ALLEN, CAROLYN S  
Address: 19 SOUTHERN TRACE BLVD.  
City-St-Zip: ORMOND BEACH, FL 32174

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: CAROLYN S. ALLEN

VPS

02/17/2011

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