

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081145

Entity Name: PALM BAY HEARING AID CENTER LLC.

Current Principal Place of Business:

450 CENTRE LAKE DR NE
150
PALM BAY, FL 32907

Current Mailing Address:

490 CENTRE LAKE DR, NE
150
PALM BAY, FL 32907 US

FEI Number: 26-0587642

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title P
Name ROBERTS, JOHN J
Address 450 CENTRE LAKE DR NE
150
City-State-Zip: PALM BAY FL 32907

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN J ROBERTS

PRESIDENT

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date