

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081145

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

**Current Principal Place of Business:**

754 MALABAR RD.  
PALM BAY, FL 32907

**Current Mailing Address:**

754 MALABAR RD.  
PALM BAY, FL 32907

**FEI Number: 26-0587642**

**Certificate of Status Desired: Yes**

**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	Title	MGR
Name	ROBERTS, JOHN J	Name	ROBERTS, ANDREW J
Address	754 MALABAR RD.	Address	587 WINER AVE SW
City-State-Zip:	PALM BAY FL 32907	City-State-Zip:	PALM BAY FL 32908

*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**

**03/20/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date