

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000005122

Entity Name: HEAR.COM LLC**Current Principal Place of Business:**396 ALHAMBRA CIRCLE
SUITE S-600
MIAMI, FL 33134**Current Mailing Address:**396 ALHAMBRA CIRCLE
SUITE S-600
MIAMI, FL 33134 US**FEI Number:** 47-4305088**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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	PCEO, MANAGER	Title	CFO, MANAGER
Name	SENDOWSKI, PATRICK	Name	KATTHAGEN , ALEXANDRA
Address	396 ALHAMBRA CIRCLE SUITE S-600	Address	396 ALHAMBRA CIRCLE SUITE S-600
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	CRUSIUS, PAUL	Name	VIETOR, MARCO
Address	396 ALHAMBRA CIRCLE SUITE S-600	Address	396 ALHAMBRA CIRCLE SUITE S-600
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134
Title	VP, AUTHORIZED MEMBER	Title	GENERAL COUNSEL
Name	OELLERS, HENDRIK	Name	MORRIS, CHARON P
Address	396 ALHAMBRA CIRCLE SUITE S-600	Address	396 ALHAMBRA CIRCLE SUITE S-600
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI FL 33134

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: CHARON P. MORRIS**GENERAL COUNSEL****04/28/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date