

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000271613

**Entity Name:** ALTATEN INVESTMENT LLC

**Current Principal Place of Business:**

200 178TH DR  
SUITE 412  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

200 178TH DR  
SUITE 412  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 61-1950638

**Certificate of Status Desired:** No

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

TAX CARE MIRAMAR  
15800 PINES BLVD  
SUITE 331  
PEMBROKE PINES, FL 33027 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 AMBR  
Name NAVARRO RAMON, JAVIER M  
Address 200 178TH DR SUITE 412  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name NAVARRO, SOPHIA  
Address 200 178TH DR SUITE 412  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER  
Name NAVARRO GARCIA, LEONARDO JAVIER  
Address 200 178TH DR SUITE 412  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER  
Name NAVARRO GARCIA, JUAN DIEGO  
Address 200 178TH DR SUITE 412  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** JAVIER M NAVARRO RAMON

**MANAGER**

**04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date