# 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.

MANAGER

SIGNATURE: JAYSEE A SOTO

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

Entity Name: ALTAMONTE FAMILY HEARING LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

715 DOUGLAS AVE 45 ALTAMONTE SPRINGS, FL 32714

DOCUMENT# L19000305196

#### **Current Mailing Address:**

715 DOUGLAS AVE 45 ALTAMONTE SPRINGS, FL 32714 US

#### FEI Number: 84-4068584

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

SOTO, JAYSEE A 125 E ORANGE ST ALTAMONTE SPRINGS, FL 32701 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

#### Authorized Person(s) Detail :

Title	AR	Title	MANAGER
Name	SOTO, GRACE K	Name	SOTO, JAYSEE A
Address	125 E ORANGE ST	Address	715 DOUGLAS AVE 45
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32714

## FILED Feb 24, 2021 Secretary of State 3753464479CC

Certificate of Status Desired: Yes

02/24/2021

Date