

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000305196

**Entity Name:** ALTAMONTE FAMILY HEARING LLC

**Current Principal Place of Business:**

715 DOUGLAS AVE  
45  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

715 DOUGLAS AVE  
45  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 84-4068584

**Certificate of Status Desired:** No

**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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	AR	Title	PRESIDENT, CEO, MANAGER
Name	SOTO, GRACE K	Name	SOTO, JAYSEE A
Address	125 E ORANGE ST	Address	125 E ORANGE ST
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	ALTAMONTE SPRINGS FL 32701

*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:** JAYSEE SOTO

**OWNER**

**01/04/2023**

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

\_\_\_\_\_  
Date