

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000097197

**Entity Name:** ALTA CONSULTING LLC

**Current Principal Place of Business:**

855 NW 17TH AVE  
SUITE A  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

855 NW 17TH AVE  
SUITE A  
DELRAY BEACH, FL 33445 US

**FEI Number:** 85-0626062

**Certificate of Status Desired:** No

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

CRAWFORD, COLE N MR  
855 NW 17TH AVE  
SUITE A  
DELRAY BEACH, FL 33445 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 MGR  
Name CRAWFORD, COLE N MR  
Address 7301 CONWAY DR  
City-State-Zip: AUSTIN TX 78745

*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:** COLE CRAWFORD

**MANAGER**

**01/21/2023**

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

\_\_\_\_\_  
Date