

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000166324

**Entity Name:** SOUTO HEALTH SERVICES LLC

**Current Principal Place of Business:**

6970 W 2ND WAY  
HIALEAH, FL 33014

**Current Mailing Address:**

6970 W 2ND WAY  
HIALEAH, FL 33014

**FEI Number:** 85-1440901

**Certificate of Status Desired:** No

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

SOUTO PILOTOS, YENIA  
6970 W 2ND WAY  
HIALEAH, FL 33014 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 SOUTO PILOTOS, YENIA  
Address 6970 W 2ND WAY  
City-State-Zip: HIALEAH FL 33014

*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:** YENIA SOUTO PILOTOS

02/17/2022

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

\_\_\_\_\_  
Date