

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000148642

**Entity Name:** GROUP DE SOTO INSURANCE, INC.

**Current Principal Place of Business:**

6900 TAVISTOCK BLVD STE. 400  
LAKE NONA, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK BLVD STE. 400  
LAKE NONA, FL 32827 US

**FEI Number:** 20-3751535

**Certificate of Status Desired:** No

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

SOTO, S. ROBERT CPA  
6900 TAVISTOCK BLVD STE. 400  
LAKE NONA, FL 32827 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:** S. ROBERT SOTO

01/10/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPS  
Name SOTO, SANTOS CPA  
Address 6900 TAVISTOCK BLVD STE. 400  
City-State-Zip: LAKE NONA FL 32827

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANTOS SOTO

AMBR

01/10/2021

Electronic Signature of Signing Officer/Director Detail

Date