

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000096941

**Entity Name:** ALTON LANGUAGE SOLUTIONS, LLC

**Current Principal Place of Business:**

18106 PEREGRINES PERCH PLACE  
UNIT 106  
LUTZ, FL 33558

**Current Mailing Address:**

13760 ORANGE SUNSET DRIVE  
APT. 102  
TAMPA, FL 33618 US

**FEI Number:** 83-2139780

**Certificate of Status Desired:** Yes

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

ALTON, LAURA M  
13760 ORANGE SUNSET DRIVE  
APT. # 102  
TAMPA, FL 33618 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 ALTON, LAURA M  
Address 13760 ORANGE SUNSET DRIVE  
City-State-Zip: TAMPA FL 33618

Title AUTHORIZED MEMBER  
Name PINTO MALDONADO, JULIO CESAR  
Address 18106 PEREGRINES PERCH PLACE  
UNIT 106  
City-State-Zip: LUTZ FL 33558

Title AUTHORIZED MEMBER  
Name HAMEL, LAURA MARIA  
Address 13760 ORANGE SUNSET DRIVE  
APT. 102  
City-State-Zip: TAMPA FL 33618

*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:** LAURA MARIA ALTON

**MANAGER**

**04/01/2021**

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

\_\_\_\_\_  
Date