

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017178

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** ALVAREZ & ROJAS CPAS, LLC

**Current Principal Place of Business:**

2601 SOUTH BAYSHORE DR  
200  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SOUTH BAYSHORE DR  
200  
MIAMI, FL 33133

**New Mailing Address:**

**FEI Number:** 04-3702039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ & ASSOCIATES CPA'S, PA  
2601 SOUTH BAYSHORE DR  
200  
MIAMI, FL 33133 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ALVAREZ & ASSOCIATES CPA'S, P.A.  
**Address:** 2601 SOUTH BAYSHORE DR #200  
**City-St-Zip:** MIAMI, FL 33133

**Title:** MGRM  
**Name:** A.M. ROJAS PA  
**Address:** 2601 SOUTH BAYSHORE DR #200  
**City-St-Zip:** MIAMI, FL 33133

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: VIVIAN D ALVAREZ

MGRM

04/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date