


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000089608
 1. Entity Name
 ALVIAR ROLL-OFFS, LLC



Principal Place of Business 5114 DEER RUN ROAD IMMOKALEE, FL 34142 US	Mailing Address 5114 DEER RUN ROAD IMMOKALEE, FL 34142 US
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3451388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVIAR, RUBEN
 5114 DEER RUN ROAD
 IMMOKALEE, FL 34142

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renaitating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVIAR, DELIA 5114 DEER RUN ROAD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVIAR, RUBEN 5114 DEER RUN ROAD IMMOKALEE, FL 34142
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 05/15/07-80099-017 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Delia B. Alviar* DELIA ALVIAR 4-26-07 239-657-6436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #