

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000017178

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

**Current Principal Place of Business:**

2601 SOUTH BAYSHORE DR  
200  
MIAMI, FL 33133

**Current Mailing Address:**

2601 SOUTH BAYSHORE DR  
200  
MIAMI, FL 33133

**FEI Number:** 04-3702039

**Certificate of Status Desired:** No

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

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

*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:** VIVIAN ALVAREZ

**MEMBER**

**04/29/2016**

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

\_\_\_\_\_  
Date