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.

PRESIDENT

SIGNATURE: OTNIEL ALVAREZ

Electronic Signature of Signing Authorized Person(s) Detail

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:

Authorized Person(s) Detail :			
Title	PRESIDENT	Title	VP
Name	ALVAREZ, OTNIEL SR.	Name	ALVAREZ, LUZ L
Address	3500 36TH STREET N.	Address	3500 36TH STREET N.
City-State-Zip:	ST. PETERSBURG FL 33713	City-State-Zip:	ST. PETERSBURG FL 33713

# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0500004582

Entity Name: ALVAREZ HOME REPAIRS, LLC

### **Current Principal Place of Business:**

3899 ULMERTON RD UNIT P1 CLEARWATER, FL 33762

# **Current Mailing Address:**

3500 36TH STREET N. ST. PETERSBURG. FL 33713

# FEI Number: 46-4295346

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ALVAREZ, OTNIEL 3500 36TH STREET N. ST. PETERSBURG, FL 33713 US

FILED Mar 17, 2014 Secretary of State CC8037104707

Certificate of Status Desired: No

Date

03/17/2014 Date