

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089608

Entity Name: ALVIAR ROLL-OFFS, LLC

Current Principal Place of Business:

1029 N 29TH ST
IMMOKALEE, FL 34142

Current Mailing Address:

PO BOX 328
IMMOKALEE, FL 34143 US

FEI Number: 20-3451388

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALVIAR, DELIA B
1029 N 29TH ST
IMMOKALEE, FL 34142 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
Name ALVIAR, DELIA B
Address PO BOX 328
City-State-Zip: IMMOKALEE FL 34143

Title MANAGING MEMBER
Name ALVIAR, JORDAN PHILLIP
Address 519 JACKSON AVE
City-State-Zip: LEHIGH ACRES FL 33972

Title AUTHORIZED MEMBER
Name ALVIAR, RUBEN COREY
Address 1029 N 29TH ST
City-State-Zip: IMMOKALEE FL 34142

Title AUTHORIZED MEMBER
Name ALVIAR, JOSHUA SHANE
Address 1029 N 29TH ST
City-State-Zip: IMMOKALEE FL 34142

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: DELIA B ALVIAR

MANAGING MEMBER

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date