

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000203206

**Entity Name:** ALVAREZ RESTORATION AUTO SOLUTIONS LLC

**Current Principal Place of Business:**

3553 NW 111 TERRACE  
SUNRISE, FL 33351

**Current Mailing Address:**

3553 NW 111 TERRACE  
SUNRISE, FL 33351

**FEI Number: 81-4637588**

**Certificate of Status Desired:** No

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

ALVAREZ, DEIKER H  
3553 NW 111 TERRACE  
SUNRISE, FL 33351 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 P  
Name ALVAREZ, DEIKER H  
Address 3553 NW 111 TERRACE  
City-State-Zip: SUNRISE FL 33351

*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: DEIKER H ALVAREZ**

**MEMBER**

**02/13/2017**

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

\_\_\_\_\_  
Date