

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008371

1. Entity Name

ALVAREZ & RODRIGUEZ, LLC



Principal Place of Business

757 N.W. 27TH AVE.
SUITE 203
MIAMI, FL 33125

Mailing Address

757 N.W. 27TH AVE.
SUITE 203
MIAMI, FL 33125



02262004No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-1108067

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUAN LUCAS ALVAREZ, P.A.
757 N.W. 27TH AVE.
SUITE 203
MIAMI, FL 33125

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000072568
03/01/04 00116 010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALVAREZ, JUAN L PA
STREET ADDRESS	757 NW 27 AVE SUITE 203
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	MGRM
NAME	RODRIGUEZ, JAVIER PA
STREET ADDRESS	757 NW 27 AVE SUITE 203
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JUAN LUCAS ALVAREZ 2-26-04 (305)644-0939

Date

Daytime Phone #