

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 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

DO NOT WRITE IN THIS SPACE



03072006No Chg-LLC

CR2E083 (11/05)

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 reinstating)

DATE

3/7/06

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000466760
03/23/06-80024-008 50.00

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained in Chapter 119, 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

3/7/06

Date

305 644 0434

Daytime Phone No