

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 22, 2004 08:00 AM

Secretary of State

DOCUMENT # L01000015698

1. Entity Name
ALVA HOLDINGS, L.L.C.



Principal Place of Business
**21260 PEARL STREET
ALVA, FL 33920**

Mailing Address
**PO BOX 746
ALVA, FL 33920**

DO NOT WRITE IN THIS SPACE



04182004 No Chg-LLC

CR2E083 (10/03)

4. FCI Number
65-1146760

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, DAVID W
21260 PEARL STREET
ALVA, FL 33920**

**DO NOT WRITE
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]*

Signature must be printed name of registered agent and the representative

(NOTE: Registered Agent signature required when changing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGRM
LEE, DAVID W
21260 PEARL STREET
ALVA, FL 33920**

TITLE
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CITY ST ZIP

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IN THIS SPACE**

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04/22/04-80084-010 50.00

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

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

USE

Date of Filing

[Signature] (231) 344-0435