

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVED
AND
FILED

06 MAY -3 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000035170

1. Entity Name

ALEX VILLARREAL ENTERPRISES, L.L.C.



Principal Place of Business

17928 TOLEDO BLADE BLVD.
PORT CHARLOTTE FL 33948

Mailing Address

17928 TOLEDO BLADE BLVD.
PORT CHARLOTTE FL 33948

2. Principal Place of Business

1419 Collingswood Blvd.
Suite, Apt. #, etc.

3. Mailing Address

1419 Collingswood Blvd.
Suite, Apt. #, etc.

City & State

Port Charlotte, FL
Zip 33948 Country USA

City & State

Port Charlotte, FL
Zip 33948 Country USA

4. FEI Number

20-1139158

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLARREAL, ALEXANDER
17928 TOLEDO BLADE BLVD.
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name Alexander Villarreal

Street Address (P.O. Box Number is Not Acceptable)
1419 Collingswood Blvd

City Port Charlotte

FL

Zip Code 33948

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

Alexander Villarreal

4-14-2006

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME VILLARREAL, ALEXANDER
STREET ADDRESS 23128 DIANE AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE MGRM ☐ Delete
NAME VILLARREAL, ESTHER M
STREET ADDRESS 23128 DIANNE AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 200075218242
STREET ADDRESS 05/25/06--01007--005 **200.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Alexander Villarreal

Date

Daytime Phone #

4-14-2006 941-625-7500