2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 13, 2006 8:00 am
Secretary of State
04-04-2006 90010 044 ****50.00

DOCUMENT # L05000026649

1. Entity Name

ALVAREZ ENTERPRISES, LLC

Principal Place of Business	Mailing Address
2655 SE CARROLL ST. STUART FL 34992 US	PO BOX 1010 PORT SALERNO FL 34992 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
2470 SE PONNY LN	2470 SE PONNY LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State: STUART FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

4. FEI Number: 41-2195881 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, VALORIE P 2655 SE CARROLL ST. STUART FL 34992	Name: Street Address (P.O. Box Number is Not Acceptable): 2470 SE PONNY LN City: STUART FL Zip Code: 34994

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: Valorie P. Alvarez — 3-29-06

Signature, typed or printed name of registered agent and title if applicable. (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUAN ALVAREZ 2470 SE PENNY LN STUART, FL 34994 ☐ Delete MANAGING MEMBER	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

772-781-9270

SIGNATURE: Valorie Hayne Alvarez — 4-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #