2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2007
Secretary of State

DOCUMENT# L06000100385

Entity Name: ALVAREZ INSURANCE AGENCY LLC.

Current Principal Place of Business:

178 ALMOND RD.
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

178 ALMOND RD.
OCALA, FL 34480

New Mailing Address:

FEI Number: 65-1294198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, CATALINA A MS.
5 SILVER DRIVE
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: ACOSTA, CATALINA A
Address: 178 ALMOND RD
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATALINA A. ACOSTA MGR 02/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date