2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
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:

178 ALMOND RD.
OCALA, FL 34472

Current Mailing Address:

178 ALMOND RD.
OCALA, FL 34480

New Mailing Address:

178 ALMOND RD.
OCALA, FL 34472

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:

ACOSTA, CATALINA A MS.
567 SILVER COURSE RUN
OCALA, FL 34472 US

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: CATALINA A. ACOSTA 04/25/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ACOSTA, CATALINA A
Address: 178 ALMOND RD
City-St-Zip: OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify 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 OWNE 04/25/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date