

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023743

Entity Name: ADRIANA A ALVAREZ, LLC

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

255 GALEN DR  
4C  
KEY BISCAVNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

255 GALEN DR  
4C  
KEY BISCAVNE, FL 33149 US

**New Mailing Address:**

FEI Number: 80-0559861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVAREZ, ADRIANA A  
255 GALEN DR  
4C  
KEY BISCAVNE, FL 33149 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: MGRM  
Name: ALVAREZ, ADRIANA A  
Address: 255 GALEN DR, APT. 4C  
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: MGR  
Name: CHACON - ALVAREZ, PABLO  
Address: 255 GALEN DR, APT. 4C  
City-St-Zip: KEY BISCAVNE, FL 33149 US

I hereby 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: ALVAREZ,ADRIANA A

MGRM

03/25/2011

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