

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000052543

**Entity Name:** ALVARADO AND ALVAREZ LLC

**Current Principal Place of Business:**

2445 CENTERGATE DR  
104  
MIRAMAR, FL 33025

**Current Mailing Address:**

2445 CENTERGATE DR  
104  
MIRAMAR, FL 33025

**FEI Number:** 46-5262461

**Certificate of Status Desired:** No

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

ALVAREZ, ELIZABETH  
2445 CENTERGATE DR  
104  
MIRAMAR, FL 33025 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALVAREZ, ELIZABETH  
Address 2445 CENTERGATE DR APT 104  
City-State-Zip: MIRAMAR FL 33025

Title MGR  
Name ALVARADO, CRISTINA  
Address 2445 CENTERGATE DR APT 104  
City-State-Zip: MIRAMAR FL 33025

Title MGR  
Name ALVARADO, ELIZABETH  
Address 2445 CENTERGATE DR APT 104  
City-State-Zip: MIRAMAR FL 33025

Title MGR  
Name ALVARADO, JESUS  
Address 2445 CENTERGATE DR APT 104  
City-State-Zip: MIRAMAR FL 33025

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALVAREZ , ELIZABETH

**MGR**

**04/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date