

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000133971

**Entity Name:** JOSEPH ALVAREZ, D.M.D., LLC

**Current Principal Place of Business:**

16225 SW 117 AVE  
UNIT 12-D  
MIAMI, FL 33177

**Current Mailing Address:**

16225 SW 117 AVE  
UNIT 12-D  
MIAMI, FL 33177 US

**FEI Number:** 81-3308830

**Certificate of Status Desired:** No

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

ALVAREZ, JOSEPH  
16225 SW 117 AVE  
UNIT 12-D  
MIAMI, FL 33177 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	AMBR	Title	AUTHORIZED MEMBER
Name	ALVAREZ, JOSEPH	Name	ALVAREZ, MITCHELLE
Address	16225 SW 117 AVE UNIT 12-D	Address	16225 SW 117 AVE UNIT 12-D
City-State-Zip:	MIAMI FL 33177	City-State-Zip:	MIAMI FL 33177

*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:** JOSEPH ALVAREZ

**PRESIDENT**

**04/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date