

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000213112

**Entity Name:** ALVINTER, LLC**Current Principal Place of Business:**20871 JOHNSON ST  
STE 101  
PEMBROKE PINES, FL 33029**Current Mailing Address:**20871 JOHNSON ST  
STE 101  
PEMBROKE PINES, FL 33029 US**FEI Number:** 83-1882129**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**M.L. RIVERO & ASSOCIATES, LLC  
1313 PONCE DE LEON BLVD.  
SUITE 201  
CORAL GABLES, FL 33134 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:** MANUEL RIVERO

02/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	ALVAREZ, CARLOS F
Address	11291 INTERCHANGE CIRCLE SOUTH
City-State-Zip:	MIRAMAR FL 33025

Title	MANAGER
Name	ALVAREZ, DIEGO F.
Address	11291 INTERCHANGE CIRCLE SOUTH
City-State-Zip:	MIRAMAR FL 33025

Title	MANAGER
Name	ALVAREZ, MATIAS C.
Address	11291 INTERCHANGE CIRCLE SOUTH
City-State-Zip:	MIRAMAR FL 33025

Title	MANAGER
Name	ALVAREZ, SANTIAGO M.
Address	11291 INTERCHANGE CIRCLE SOUTH
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:** CARLOS F ALVAREZ

PRESIDENT

02/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date