

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000216623

**Entity Name:** J ALVAREZ, LLC

**Current Principal Place of Business:**

3910 SW COLLEGE RD STE 200  
OCALA, FL 34474

**Current Mailing Address:**

PO BOX 772169  
OCALA, FL 34477 US

**FEI Number:** 30-0846020

**Certificate of Status Desired:** No

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

ALVAREZ, JOHN L  
3910 SW COLLEGE RD STE 200  
OCALA, FL 34474 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	Title	PST
Name	ALVAREZ, JOHN L	Name	ALVAREZ, JOHN L
Address	PO BOX 772169	Address	PO BOX 772169
City-State-Zip:	OCALA FL 34477	City-State-Zip:	OCALA FL 34477

*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:** JOHN L ALVAREZ

**MGR**

**02/16/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date