

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000070168

**Entity Name:** ARGO FAMILY, LLC

**Current Principal Place of Business:**

15901 COLLINS AVE 2606  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

C/O SOPHIA KUSHNER  
231 174TH ST UNIT 1212  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 35-2476317

**Certificate of Status Desired:** No

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

KUSHNER, SOPHIA  
231 174TH ST  
UNIT 1212  
SUNNY ISLES, FL 33160 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 MGRM  
Name GOYKHEMAN, JULIA (AKA YULIA)  
Address 18101 COLLINS AVE # 3301  
City-State-Zip: SUNNY ISLES FL 33160

Title MNG  
Name KUSHNER, SOPHIA  
Address C/O SOPHIA KUSHNER  
231 174TH ST UNIT 1212  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** SOPHIA KUSHNER

**MANAGER**

**03/11/2017**

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

\_\_\_\_\_  
Date