

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012616

1. Entity Name
ARGONAUT CAPITAL, LLC.

Principal Place of Business
308 NORTH HALIFAX DRIVE
ORMOND BEACH FL 32176

Mailing Address
308 NORTH HALIFAX DRIVE
ORMOND BEACH FL 32176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6385396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAFER, SUSAN
308 NORTH HALIFAX DRIVE
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SUSAN LEAFER MS 308 N. HALIFAX DRIVE ORMOND BEACH, FL 32176 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
000003818900--7
-03/08/01--01077--001
*****50.00 ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: SUSAN LEAFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-10-01 804-615-1795

Date Daytime Phone #

CR2E083 (11/00)

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FILED

01 MAR -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE