


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L00000014787**

1. Entity Name  
**ARGO, LLC**



Principal Place of Business <b>8901 BOGGY CREEK RD.          SUITE 100          ORLANDO, FL 32824</b>	Mailing Address <b>8909 TURNBERRY CT.          ORLANDO, FL 32819</b>
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>59-3687158</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TSAI, YIN-KI  
 8909 TURNBERRY CT.  
 ORLANDO, FL 32819**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YINKI TSAI 8909 TURNBERRY CT. ORLANDO, FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ELISA CHEN 8909 TURNBERRY CT. ORLANDO, FL 32819</b>
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U00000858096  
 04/01/08-80031-018-138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *[Signature]*      **3/11/08**      **(407) 816-9455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #