

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000015818

1. Entity Name
R J ARGUELLO, LLC



Principal Place of Business
**1710 WAKEENA DRIVE
COCONUT GROVE, FL 33133**

Mailing Address
**1710 WAKEENA DRIVE
COCONUT GROVE, FL 33133**



03202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0593806

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARGUELLO, ROBERTO J
1710 WAKEENA STREET
MIAMI, FL 33133**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **Roberto J. Arguello** **3/21/06**

**Filing Fee is \$50.00
Due by May 1, 2006**

**JD00000477890
04/07/06-80008-009 \$5.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARGUELLO, ROBERTO J
STREET ADDRESS	1710 WAKEENA DR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGRM
NAME	ARGUELLO, MARIA K
STREET ADDRESS	1710 WAKEENA DR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] **Roberto J. Arguello** **3/21/06** **(305) 371-8560**