


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000002062 1. Entity Name ARGYLE DEVELOPMENT SOLUTIONS, LLC |  |
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|--|---|
| Principal Place of Business 2421 LAKE PANCOAST DRIVE 3A MIAMI BEACH, FL 33140 | Mailing Address 2421 LAKE PAN COAST DRIVE 3A MIAMI BEACH, FL 33140 |
|--|---|



04212006No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 75-2984472 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FITZPATRICK, LYNN A
2421 LAKE PANCOAST DRIVE, #3A
MIAMI BEACH, FL 33140

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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 _____

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | MGRM |
| NAME | FITZPATRICK, LYNN A |
| STREET ADDRESS | 2421 LAKE PANCOAST DR #3A |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/06/06-80033-025 50.00

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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: *Lynn Fitzpatrick*

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

4/21/06 *(561) 309-7507*

Date

Daytime Phone #