

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000013082



1. Entity Name
ARGOS, LLC.

Principal Place of Business
**620 HIBISCUS DRIVE
VENICE FL 34285**

Mailing Address
**620 HIBISCUS DRIVE
VENICE FL 34285**

2. Principal Place of Business

3. Mailing Address



MOORE CR2E083 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
01-0710462

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**HALL, WAYNE C ESQ
1314 EAST VENICE AVENUE STE. E
VENICE FL 34292**

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TSOLAKIS, PHILIP
620 HIBISCUS DR
VENICE FL 34285** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**000000028589
02/04/04-80032-006 50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TSOLAKIS, CHRISTINA
620 HIBISCUS DR
VENICE FL 34285** ☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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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)(f), 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 606, Florida Statutes.

SIGNATURE: *Philip Tsolakis* **Philip Tsolakis** **JAN. 26th/2004** **941 483-458**