

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 2/**

FILED
Mar 11, 2008 8:00 am
Secretary of State

02-07-2008 90091 005 ****50.00
03-11-2008 90133 008 ****88.75

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 01-0710462	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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HALL, WAYNE C ESO 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 the filer) (NOTE: Registered agent signature required when reinstating)	(DATE)
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

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	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSOLAKIS, CHRISTINA 620 HIBISCUS DR VENICE FL 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Philip Tsolakakis</u> Philip Tsolakakis	JAN 29-08' 941 484-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date