

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90020 007 ****50.00

DOCUMENT # L03000001550

1. Entity Name
ARGENT INVESTMENT GROUP LLC



Principal Place of Business
**123 N.W. 13TH STREET, SUITE 208
BOCA RATON, FL 33432**

Mailing Address
**123 N.W. 13TH STREET, SUITE 208
BOCA RATON, FL 33432**

24052344

2. Principal Place of Business
**601 NORTH CONGRESS AVE
SUITE 425**

3. Mailing Address
**601 NORTH CONGRESS AVE
SUITE 425**



04202004 Chg-LLC CR2E083 (10/03)

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

4. FEI Number
22-3891164

Applied For
Not Applicable

Zip
33445

Country
USA

Zip
33445

Country
USA

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

6. Name and Address of Current Registered Agent

**SPILOFOGEL, HERMAN
123 N.W. 13TH STREET, SUITE 208
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**601 NORTH CONGRESS AVE
SUITE 425
CITY DELRAY BEACH FL Zip Code 33445**

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

Herman Spilfogel

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

(NOTE: Registered Agent Signature required when reinstating)

4/20/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MRGM
SPILOFOGEL, HERMAN
123 N.W. 13TH STREET, SUITE 208
BOCA RATON, FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MRGM
SPILOFOGEL, JEFFREY A
123 N.W. 13TH STREET, SUITE 208
BOCA RATON, FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MRGM
SPILOFOGEL, WILLIAM
123 N.W. 13TH STREET, SUITE 208
BOCA RATON, FL 33432** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**601 NORTH CONGRESS AVE SUITE 425
DELRAY BEACH, FL 33445** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**601 NORTH CONGRESS AVE SUITE 425
DELRAY BEACH, FL 33445** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**601 NORTH CONGRESS AVE SUITE 425
DELRAY BEACH, FL 33445** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Herman Spilfogel
HERMAN SPILOFOGEL

4/20/04

DATE

Daytime Phone #

561-362-7726