

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000039334

1. Entity Name
ARGOS PROPERTIES, LLC



Principal Place of Business
**1401 BRICKELL AVE
SUITE 320
MIAMI, FL 33131 US**

Mailing Address
**1401 BRICKELL AVE
SUITE 320
MIAMI, FL 33131 US**



01252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2112059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARBER, HAROLD M
2999 NE 191 ST
SUITE 903
MIAMI, FL 33180**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000881334
04/15/08-80096-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROMERO, SANTIAGO
BRICKELL AVE SUITE 320
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ORTIZ, EVARISTO A
354 SEVILA AVENUE
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FERNANDEZ, EDUARDO
BRICKELL AVE SUITE 320
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FERNANDEZ, MANUEL
BRICKELL AVE SUITE 320
MIAMI, FL 33131**

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 **4/1/08**

Daytime Phone # **305 365 3673**