

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000015778

1. Entity Name
ARGYLE VEST, LLC



Principal Place of Business

**6111 PEACHTREE DUNWOODY ROAD STE. B-102
ATLANTA, GA 30328-4577**

Mailing Address

**6111 PEACHTREE DUNWOODY ROAD STE. B-102
ATLANTA, GA 30328-4577**



04262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FLI Number
20-0723936

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 FLI, if applicable

(NOTE: Registered Agent signature required when removing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BULLINGTON, STANLEY R
6111 PEACHTREE DUNWOODY ROAD SUITE B-102
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
COLLINS, WILLIAM R JR
6111 PEACHTREE DUNWOODY ROAD SUITE B-102
ATLANTA, GA 30328**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000549436
05/13/06-80019-023 50.00

**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

4/21/06

DATE

TR-591-1993

DATE TO FILE