

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

03-10-2005 90038 025 ***150.00

DOCUMENT # L04000030053			
1. Entity Name ARGENT, LLC			
Principal Place of Business 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407		Mailing Address 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407	
2. Principal Place of Business		3. Mailing Address PO Box 9522	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Panama City Beach FL	
Zip	Country	Zip	Country
32417	USA	421627356	USA
4. FEI Number		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	
Name MODZEL, JOSEPH		Name	
Street Address (P.O. Box Number is Not Acceptable) 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407		Street Address (P.O. Box Number is Not Acceptable)	
City FL		City	
Zip Code		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 _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MODZEL, JOSEPH 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MODZEL, LAURA J 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	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)(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: <u>L. Modzel</u>		LAURA J. MODZEL MGRM 3-08-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30003260



03082005 Chg-LLC CR2E083 (10/03)