


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000030053</b> 1. Entity Name <b>ARGENT, LLC</b>	
--	---

Principal Place of Business <b>308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407</b>	Mailing Address <b>P.O. BOX 9522 PANAMA CITY BEACH, FL 32417</b>
---	---



01152006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1627356</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>MODZEL, JOSEPH 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MODZEL, JOSEPH 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MODZEL, LAURA J 308 MOONLIGHT BAY DRIVE PANAMA CITY BEACH, FL 32407
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	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

U000000393362  
01/25/06-80018-013 50.00

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:** Laura Modzel **LAURA MODZEL** 1-17-06 850.233.9733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #