


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000075753</b> 1. Entity Name <b>ARGUELLES HOLDINGS, LLC</b>	
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**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>2731 PONCE DE LEON BOULEVARD</b> <b>CORAL GABLES, FL 33134 US</b>	Mailing Address <b>2731 PONCE DE LEON BOULEVARD</b> <b>CORAL GABLES, FL 33134 US</b>
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07152008No Chg-LLC      CR2E083 (12/07)

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4. FEI Number <b>41-2154809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

<b>ARGUELLES, MARIA V</b> <b>2731 PONCE DE LEON BOULEVARD</b> <b>CORAL GABLES, FL 33134</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.      **Due by September 12, 2008**

000000955993  
 07/22/08-80014-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARGUELLES, MARIA V
STREET ADDRESS	2731 PONCE DE LEON BOULEVARD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** *Maria V. Arguelles*      **MARIA V. ARGUELLES**      *7/15/08*      **305-444-8007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #