

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000119

FILED
Aug 02, 2005
Secretary of State

Entity Name: ARGUELLES & COMPANY LLC

Current Principal Place of Business:

35 NEW ROAD PO BOX 1846
BELIZE CITY
BELIZE, XX

New Principal Place of Business:

35 NEW ROAD PO BOX 1846
BELIZE CITY
BELIZE, XX BELIZE XX

Current Mailing Address:

35 NEW ROAD PO BOX 1846
BELIZE CITY
BELIZE, XX

New Mailing Address:

35 NEW ROAD PO BOX 1846
BELIZE CITY
BELIZE, XX BELIZE XX

FEI Number: 20-2103316 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTILLO, AMANDA
204 MARTIN AVE.
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

CASTILLO, AMANDA
6735 SOUTHEAST SILVERBELL AVENUE
STUART, FL 34997 US

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.

SIGNATURE: _____

08/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARGUELLES, EMIL
Address: 35 NEW ROAD PO BOX 1846
City-St-Zip: BELIZE CITY, BZ 00000 BZ

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EMIL ARGUELLES

MGRM

08/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date