

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000119

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** ARGUELLES & COMPANY LLC

**Current Principal Place of Business:**

35 NEW ROAD  
BELIZE CITY  
BELIZE, XX BELIZE XX

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-2103316      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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 exemption stated in Chapter 119, 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

MR

01/12/2009

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