

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000017968

1. Entity Name
ARGO INVESTMENTS, LLC



Principal Place of Business
**128 MORNING SIDE DRIVE
CORAL GABLES, FL 33133**

Mailing Address
**128 MORNING SIDE DRIVE
CORAL GABLES, FL 33133**



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0891353

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIQUEZES, JULIO J SR.
128 MORNING SIDE DRIVE
CORAL GABLES, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIQUEZES, JULIO J SR. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARIZTOY, AMAYA MS. 128 MORNING SIDE DRIVE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLANCO, MARIA E MS. QTA. CLAUDIA, CALLE ISAVA, URB. ORIPOTO CARACAS, EDO. MIRANDA, DF 1080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE RATMIROFF, MARINA C MS. QTA. CLAUDIA, CALLE ISAVA, URB. ORIPOTO CARACAS, EDO. MIRANDA, DF 1080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000922118
05/15/08-80033-025 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] / **Julio Riquezes**

4/21/08

(305) 7535888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #