

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000097047

1. Entity Name
ARGYLE KNOXVILLE, L.L.C.



Principal Place of Business
**8638 PHILLIPS HIGHWAY
SUITE 3
JACKSONVILLE, FL 32255 US**

Mailing Address
**8638 PHILLIPS HIGHWAY
SUITE 3
JACKSONVILLE, FL 32255 US**

FILED
08 FEB 22 AM 11:09
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02072008 No Chg-LLC CR2E083 (12/07)

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4. FEI Number
20-3582620

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONZINGER, MICHAEL J
5150 BELFORT ROAD BLDG 100
JACKSONVILLE, FL 32256**

**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 NUMBER FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DONZINGER, MICHAEL J
8638 PHILIPS HIGHWAY SUITE 3
JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000119546330
03/06/08--01012--022 **288.75

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

2/21/08

Date

367-8620

Daytime Phone