

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000114780**

1. Entity Name  
**ARGYLL, LLC**



Principal Place of Business

**300 BEACH DRIVE N.E.  
UNIT P 2802  
ST. PETERSBURG, FL 33701 US**

Mailing Address

**300 BEACH DRIVE N.E.  
UNIT P 2802  
ST. PETERSBURG, FL 33701 US**



02162007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3865639**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRANT, ABRAHAM, REITER, MCCORMICK & GREENE, P  
50 NORTH LAURA STREET  
STE 2750  
JACKSONVILLE, FL 32202**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000651278  
03/03/07-80001-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAMPBELL, GORDON W
STREET ADDRESS	300 BEACH DRIVE N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

*Gordon W. Campbell*

2-25-7

727 895 8658