

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049097

Entity Name: ARGENTA, LLC

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

1820 NORTH CORPORATE LAKES BLVD., #207  
WESTON, FL 33326

## New Principal Place of Business:

## Current Mailing Address:

1820 NORTH CORPORATE LAKES BLVD., #207  
WESTON, FL 33326

## New Mailing Address:

FEI Number: 20-5039726      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

TORREALBA, AQUILES  
1820 NORTH CORPORATE LAKES BLVD., #207  
WESTON, FL 33326      US

## Name and Address of New Registered Agent:

TORREALBA, AQUILES R  
1820 NORTH CORPORATE LAKES BLVD., #207  
WESTON, FL 33326      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: AQUILES R. TORREALBA

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: FERNANDEZ, MARIBE  
Address: 1820 NORTH CORPORATE LAKES BLVD., #207  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: LOPEZ, GUSTAVO  
Address: 1820 NORTH CORPORATE LAKES BLVD., #207  
City-St-Zip: WESTON, FL 33326

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: GUSTAVO LOPEZ

MGRM

05/01/2009

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