


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2007 8:00 am
Secretary of State

06-11-2007 90108 021 ****50.00

DOCUMENT # L06000070120	
1. Entity Name ARGENMIA, LLC	

Principal Place of Business 1866 N YOUNG CIRCLE HOLLYWOOD, FL 33020	Mailing Address 1866 N YOUNG CIRCLE HOLLYWOOD, FL 33020
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50001720



2. Principal Place of Business - No P.O. Box # 1866 Young Circle Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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06072007 Chg-LLC CR2E083 (12/06)

City & State Hollywood Florida	City & State
Zip 33020	Country USA

4. FEI Number 20-5173970	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THE LAW OFFICE OF NYDIA MENENDEZ, LLC 2699 STIRLING ROAD BUILDING B, SUITE 200 FORT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVA, DANTE 1860 YOUNG CIRCLE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dante Silva **DATE** 6-7-07 **Daytime Phone #** (954) 3940085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE