

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000050235

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** ARGUS INDUSTRY TRAINING & EDUCATION LLC

**Current Principal Place of Business:**

1431 PINE ST  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12546  
TALLAHASSEE, FL 323172546

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCHAFFIE, THOMAS  
1431 PINE ST  
TALLAHASSEE, FL 32303      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: THOMAS MCHAFFIE LLC  
Address: PO BOX 12546  
City-St-Zip: TALLAHASSEE, FL 323172546

Title: MGRM  
Name: MCHAFFIE, THOMAS  
Address: PO BOX 12546  
City-St-Zip: TALLAHASSEE, FL 323172546

I hereby 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: THOMAS MCHAFFIE

MGR

02/17/2012

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