

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L95000000897

1. Entity Name
ARGON, L.C.



Principal Place of Business
**64 VIA MIZNER, WORTH AVENUE
PALM BEACH, FL 33480**

Mailing Address
**64 VIA MIZNER, WORTH AVENUE
PALM BEACH, FL 33480**



01292008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0620272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEYER, COLETTE K ESQ.
1070 E. INDIANTOWN ROAD
SUITE 312
JUPITER, FL 33477**

**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 NOW!!! 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
FOSTER, LETA A
64 VIA MIZNER, WORTH AVENUE
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FOSTER, RIDGELY M
64 VIA MIZNER, WORTH AVENUE
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 #

Ridgely M. Foster

2-27-

655 5488