

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000402568

**Entity Name:** ARGUS PREPAREDNESS SOLUTIONS LLC

**Current Principal Place of Business:**

13151 SW 16 COURT  
DAVIE, FL 33325

**Current Mailing Address:**

13151 SW 16 COURT  
DAVIE, FL 33325 UN

**FEI Number: 92-0469924**

**Certificate of Status Desired: No**

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

PALESTRANT, ROBERT E  
13151 SW 16 COURT  
DAVIE, FL 33325 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ROBERT PALESTRANT  
Address 13151 SW 16 COURT  
City-State-Zip: DAVIE FL 33325

Title AMBR  
Name JOHN MEIZOSO  
Address 12073 SW 133 TERRACE  
City-State-Zip: MIAMI FL 33186

Title AMBR  
Name EDGAR RUIZ  
Address 10955 SW VISCONTI WAY  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title AMBR  
Name RICHARD WALTERMAN  
Address 8004 NW 154 STREET # 258  
City-State-Zip: MIAMI LAKES FL 33016

Title AMBR  
Name DENTON-GOW, SHARON  
Address 408 SE 7 ST.  
City-State-Zip: DANIA BEACH FL 33004

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT PALESTRANT**

**REGISTERED AGENT**

**03/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date