

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010017

FILED
Mar 19, 2007
Secretary of State

Entity Name: INDIGO SPA, LLC

Current Principal Place of Business:

140 NE 2ND AVE.
#23
DELRAY BEACH, FL 33444

New Principal Place of Business:

140 NE 2ND AVE
#23
DELRAY BEACH, FL 33444

Current Mailing Address:

7702 LA CORNICHE CIRCLE
BOCA RATON, FL 33433

New Mailing Address:

140 NE 2ND AVE
#23
DELRAY BEACH, FL 33444

FEI Number: 20-0867988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTERMAN, JANE
7702 LA CORNICHE CIRCLE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

BECKERS, BEATRICE
140 NE 2ND AVE
#23
DELRAY BEACH, FL 33444 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: BEATRICE BECKERS

03/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTERMAN, JANE
Address: 7702 LA CORNICHE CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM (X) Delete
Name: BECKERS, BEATRICE
Address: 2025 LAVERS CIRCLE, APT. D306
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BECKERS, BEATRICE
Address: 140 NE 2ND AVE #23
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BEATRICE BECKERS

MGRM

03/19/2007

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