

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

05 MAR 14 PM 1:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000000360

1. Entity Name
INDIGO PRESERVE, LLC



Principal Place of Business

8310 BIG ACORN CIR
#1001
NAPLES, FL 34119

Mailing Address

8310 BIG ACORN CIR
#1001
NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3743736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSBOROUGH, KAREN

9220 Bonita Beach Rd., #215
Bonita Springs, FL 34135

**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 principal office (if not the same as above)

Karen Rosborough
AUTHORIZATION BY PHONE TO

Correct EIA Address

Filing Fee is \$50.00
Due by May 1, 2005

DATE 3/14/05

DOC. EXAM mft

00048224697
03/14/05--01004--006 **\$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SAUNDRY ASSOCIATES, INC.
8310 BIG ACORN CIRCLE #1001
NAPLES, FL 34119

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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\$50-AR

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

3/1/2005