

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90321 001 \*\*\*100.00

**DOCUMENT # L02000006533**

1. Entity Name  
**INDIGO, LLC**



Principal Place of Business  
**18300 SCENIC HWY 98  
SUITE 13  
POINT CLEAR, AL 36564**

Mailing Address  
**PO BOX 230  
POINT CLEAR, AL 36564**

**30002814**



**DO NOT WRITE IN THIS SPACE**

02102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**41-2034644**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHELL, STEPHEN B  
226 SOUTH PALAFOX STREET  
9TH FLOOR SEVILLE TOWER  
PENSACOLA, FL 32598**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HEAD (PBC), LLC  
18300 SCENIC HWY 98, STE B  
POINT CLEAR, AL 36564**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
YATES, LLC  
781 LARSON ST  
JACKSON, MS 39202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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 #

**2-23-06 257 928 3930**