

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

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

**DOCUMENT # L02000006533**

1. Entity Name

INDIGO, LLC



Principal Place of Business

18300 SCENIC HWY 98  
SUITE 10 B  
POINT CLEAR AL 36564

Mailing Address

PO BOX 230  
POINT CLEAR AL 36564



2. Principal Place of Business - No P.O. Box #

18300 SCENIC HWY 98

Suite, Apt. #, etc.

SUITE B

3. Mailing Address

Suite, Apt. #, etc.

City & State

POINT CLEAR AL

City & State

Zip

36564

Country

USA

Zip

Country

4. FEI Number

41-2034644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

HEAD (PBC), LLC  
18300 SCENIC HWY 98, STE B  
POINT CLEAR AL 36564

TITLE NAME ☐ Delete

YATES, LLC  
781 LARSON ST  
JACKSON MS 39202

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

000000846690  
03/18/08-80038-008 138.75

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

MANAGER

2-21-08 251928-3930

Date

Capture Price #